

ORD INFORMATION
RESOURCE CENTER, HCFA

Medicare Directory of Prevailing Charges 1978

Olds Respected Ref. etc

Health Care Financing Administration
MAB Pub. No. 035 (4-78)

Information
Resource
Center

MEG 10.16



MEDICARE DIRECTORY OF PREVAILING CHARGES FOR FEE SCREEN YEAR 1978

Introduction

This directory contains Medicare reimbursement data for Fee Screen Year 1978. It lists the prevailing charge for 50 high volume physician medical procedures for each of the reasonable charge localities within each carrier's service area. Maps are provided for each State which outline the separate charge districts (localities) the carriers use in reimbursing claims under the Medicare program.* In addition, the counties within each locality are listed to aid in identifying the exact geographic breakdowns. (More detailed locality information can be obtained on selected carriers by referring to Appendix A in the back of the directory.)

This prevailing charge data represents the maximum amounts upon which reimbursement is based within the Medicare Part B program. It also reflects the influence of the Economic Index Rollback Provisions. For each locality, prevailing charges are listed for General Practitioners and for medical Specialists except where the carrier makes no specialty differentiation in its screens, in which case the top of the page states, "combined screens." Blank spaces in the prevailing charge columns indicate that the procedure is not performed in the locality or that the carrier does not use the same definition of the procedure as listed. When an asterisk (*) appears beside a charge, it means that the charge is computed using a relative value scale rather than being based on actual charge data for the period covered.

When consulting the specialist sheets, it should be noted that the amounts represent the prevailing charge for the specialist who most frequently performs these procedures. Therefore, the procedure list in Table A contains the category of medical specialists and the appropriate specialty code next to each item for the 50 procedures.

If you have any questions about the data or locality information displayed in this directory, please direct your requests to James Barnett or Ann Gonzales, Health Care Financing Administration, Medicare Bureau, Division of Contractor Operations, Carrier Performance Section, Room 2-0-5 East Building (low rise), 6401 Security Blvd., Baltimore, Maryland 21235.

*For a more detailed discussion of the Medicare program reasonable charge methodology, the reader is directed to HCFA Publication No. 028 entitled, Determination of Reasonable Charges under Part B of Medicare

Additional copies of the directory can be requested from:

HCFA, Medicare Bureau
Administrative Services Section Chief
Room G-M-1 East Building (low rise)
6401 Security Blvd.
Baltimore, Maryland 21235

Table A

Frequently Performed Medical Procedures

Procedure and 64 CRVS Code	Specialist and Specialty Code
1. Initial Limited Office Visit (9000) New Patient	Internal Medicine (11)
2. Initial Comprehensive Office Visits (9002) New Patient	Internal Medicine (11)
3. Minimal Office Visit--Established Patient (9003)	Internal Medicine (11)
4. Routine Followup Brief Office Visits (9004) Established Patient	Internal Medicine (11)
5. Routine Followup Brief Home Visit (9014)	Internal Medicine (11)
6. Initial Brief Hospital Visit (9020)	Internal Medicine (11)
7. Initial Comprehensive Hospital Visit (9022)	Internal Medicine (11)
8. Routine Followup Brief Hospital Visits (9024)	Internal Medicine (11)
9. Biopsy Skin (0171)	General Surgery (02)
10. Radical Mastectomy (0470)	General Surgery (02)
11. Reduction of Fracture--Neck of Femur (0868)	Orthopedic Surgery (20)
12. Arthrotomy--Puncture for Aspiration of joint effusion (1046)	Orthopedic Surgery (20)
13. Needle puncture of bursa (1413)	General Surgery (02)
14. Bronchoscopy (2111)	General Surgery (02)
15. Thoracentesis (2183)	General Surgery (02)
16. Catheterization of Heart (2330)	Cardiovascular (06)
17. Insertion of pacemaker (2356)	Cardiovascular (06)
18. Blood Transfusion (2445)	General Surgery (02)
19. Colectomy (3179)	General Surgery (02)
20. Appendectomy (3261)	General Surgery (02)
21. Sigmoidoscopy (3310)	General Surgery (02)
22. Hemorrhoidectomy (3380)	General Surgery (02)
23. Cholecystectomy (3515)	General Surgery (02)
24. Repair Hernia (3631)	General Surgery (02)
25. Cystoscopy (3930)	General Surgery (02)
26. Dilatation of Urethra (4031)	Urology (34)
27. Prostatectomy (4316)	Urology (34)
28. Transurethral Electrosection of Prostate (4341)	Urology (34)
29. Hysterectomy (4632)	Obstetrics--Gynecology (16)
30. Extraction of Lens (5611)	Ophthalmology (18)



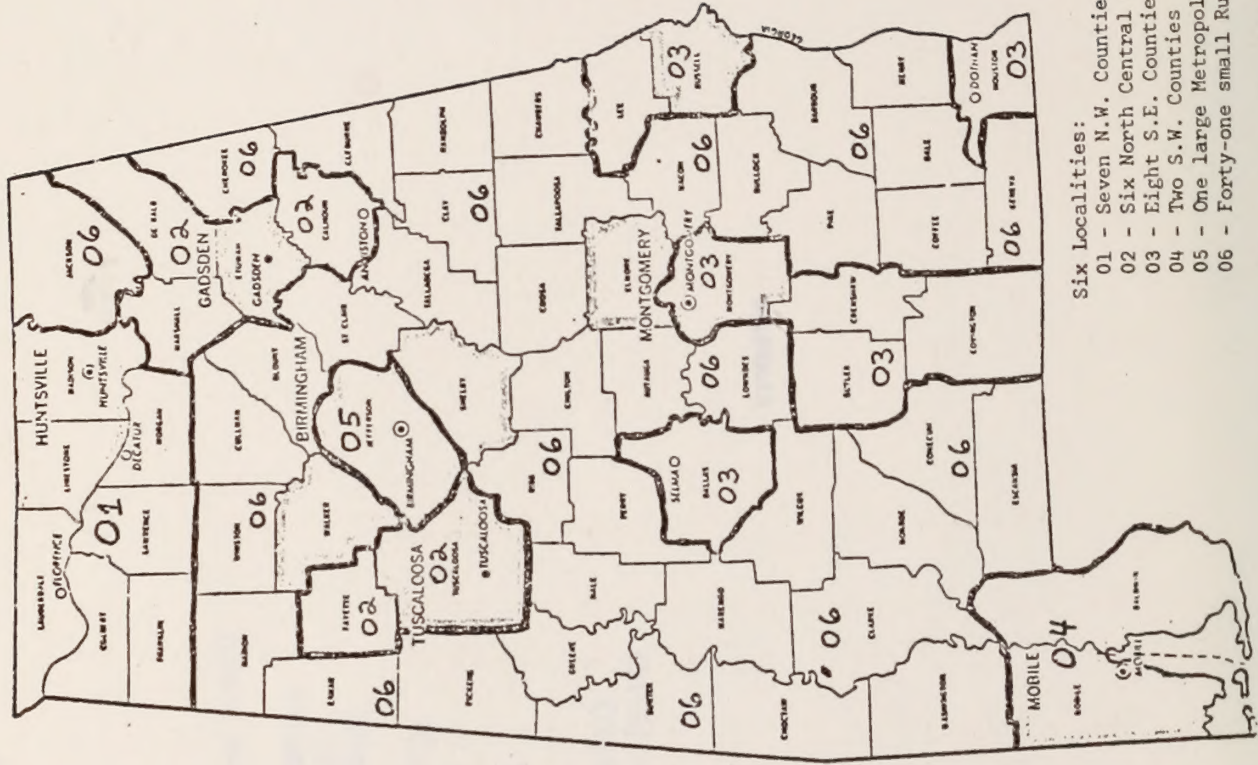
ALABAMA

Alabama

County

1. Adair 2. Baldwin 3. Barbour 4. Bibb 5. Blount 6. Bullock 7. Butler 8. Calhoun 9. Chambers 10. Cherokee 11. Choctaw 12. Clay 13. Cleburne 14. Coffee 15. Colbert 16. Conecuh 17. Crenshaw 18. Cullman 19. Dale 20. De Kalb 21. Elberton 22. Etowah 23. Fannin 24. Fayette 25. Franklin 26. Geneva 27. Grady 28. Greene 29. Hall 30. Hancock 31. Hardee 32. Harrison 33. Henry 34. Holmes 35. Houston 36. Jackson 37. Jefferson 38. Jones 39. Lenoir 40. Liberty 41. Lincoln 42. Limestone 43. Lowndes 44. Macon 45. Madison 46. Marengo 47. Marshall 48. Martin 49. McIntosh 50. Mobile 51. Montgomery 52. Morgan 53. Murray 54. Neshoba 55. Newton 56. Okfuskee 57. Oklahoma 58. Osage 59. Owsen 60. Owen 61. Owsen 62. Owen 63. Owsen 64. Owen 65. Owsen 66. Owen 67. Owsen 68. Owen 69. Owsen 70. Owen 71. Owsen 72. Owen 73. Owsen 74. Owen 75. Owsen 76. Owen 77. Owsen 78. Owen 79. Owsen 80. Owen 81. Owsen 82. Owen 83. Owsen 84. Owen 85. Owsen 86. Owen 87. Owsen 88. Owen 89. Owsen 90. Owen 91. Owsen 92. Owen 93. Owsen 94. Owen 95. Owsen 96. Owen 97. Owsen 98. Owen 99. Owsen 100. Owen

ALABAMA



Six Localities:

- 01 - Seven N.W. Counties
- 02 - Six North Central Counties
- 03 - Eight S.E. Counties
- 04 - Two S.W. Counties
- 05 - One large Metropolitan County
- 06 - Forty-one small Rural Counties

(For more locality information see Appendix A)

1978 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA

ALABAMA

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	05	01	02	03	04	05
01 INITIAL LIMITED OFFICE VISIT	29.90	30.00	30.00	30.00	35.00	33.90	40.70	45.00	40.00	50.00
02 INITIAL COMP OFFICE VISIT										
03 MINIMAL OFFICE VISIT	12.00	13.00	14.00	12.00	15.00	12.00	13.00	14.00	13.60	15.00
04 ROUTINE BRIEF OFFICE VISIT	15.00	15.00	15.00	15.00	20.00	15.00	15.00	20.40	15.00	25.00
05 ROUTINE BRIEF HOME VISIT										
06 INITIAL BRIEF HOSPITAL VISIT	40.00	40.00	40.00	40.00	40.00	40.00	40.00	47.50	40.70	47.50
07 INITIAL COMP HOSPITAL VISIT	6.00	6.00	5.00	7.50	10.00	7.50	12.50	12.00	12.50	15.00
08 ROUTINE BRIEF HOSPITAL VISIT	40.00	35.00	45.00	40.00	50.00	40.00	35.00	45.00	40.00	50.00
09 BIOPSY SKIN	650.00	650.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
10 RADICAL MASTECTOMY	678.70	678.70	678.70	678.70	678.70	678.70	678.70	678.70	678.70	678.70
11 REDUCTION OF FRACTURE	22.00	20.00	20.00	20.00	25.00	22.00	20.00	20.00	20.00	25.00
12 ARTHROTOMY	15.75	25.00	25.00	15.00	30.00	15.00	25.00	25.00	15.00	30.00
13 NEEDLE PUNCTURE OF BURSA		135.70	135.70		135.70	150.00	175.00	135.70	150.00	150.00
14 BRONCHOSCOPY	25.00	50.00	50.00	75.00	100.00	47.50	50.00	50.00	75.00	100.00
15 THORACENTESIS										
16 CATHETERIZATION										
17 INSERTION OF PACEMAKER										
18 BLOOD TRANSFUSION						75.00				
19 COLECTOMY	285.00	600.00	742.00	800.00	1000.00	746.60	600.00	742.00	746.60	1018.10
20 APPENDECTOMY		310.00	232.70	310.00	311.40	275.00	300.00	275.60	266.10	289.90
21 SIGMOIDOSCOPY		25.00	25.00	25.00	25.00	35.00	25.00	33.90	33.90	30.00
22 HEMORRHOIDECTOMY		250.00	250.00	250.00	250.00	300.00	245.00	245.00	300.00	300.00
23 CHOLECYSTECTOMY	407.20	400.00	400.00	400.00	400.00	475.10	475.10	475.10	500.00	543.00
24 REPAIR HERNIA	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	305.40	339.40
25 CYSTOSCOPY		67.90	67.90	67.90	60.00	65.00	54.30	65.00	67.90	55.00
26 DILATION OF URETHRA	20.00	20.00	24.00	45.00	30.00	20.00	20.00	24.00	45.00	30.00
27 PROSTATECTOMY					675.00	640.00	610.90	640.00	600.00	675.00
28 ELECTROSECTION OF PROSTATE	550.00				600.00	543.00	576.90	597.30	550.00	600.00
29 HYSTERECTOMY	610.90	525.00	540.00	610.90	610.90	610.90	610.90	130.00	610.90	600.00
30 EXTRACTION OF LENS						560.00	550.00	600.00	610.90	678.70
31 X-RAY CHEST	15.00	20.00	16.30	20.40	20.00	15.00	15.00	17.00	17.70	20.00
32 X-RAY SPINE	30.00	25.00	27.10	27.10	22.50	30.00	25.20	35.00	27.10	27.10
33 X-RAY HIP	20.00	20.00	20.00	18.00	20.00	20.00	20.40	20.00	20.40	20.40
34 X-RAY STOMACH	42.00	42.00	50.00	42.00	40.00	50.00	50.50	51.00	50.00	45.00
35 X-RAY COLON	40.70	40.70		40.70	40.70	45.00	44.20	54.30	45.00	45.00
36 COBALT						16.30	25.00	25.00	16.30	37.00
37 RADIOTHERAPY						18.00	20.00	30.00	18.00	23.00
38 HEMOGLOBIN	4.00	3.00	2.00	3.50	10.00	4.00	3.00	4.00	3.00	3.00
39 WHITE CELL COUNT	5.00	5.00	6.00	5.00	10.00	5.00	5.00	6.00	5.00	5.00
40 COMPLETE BLOOD COUNT	10.00	8.00	8.00	9.00	10.00	10.00	8.00	8.00	9.00	10.00
41 CHOLESTEROL BLOOD COUNT	8.00	6.00	8.00	8.00	8.00	9.00	6.00	8.00	8.00	8.00
42 HEMATOCRIT	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
43 PROTHROMBIN	6.00	8.00	6.60	6.00	8.00	6.00	8.00	6.00	6.00	8.00
44 SEDIMENTATION RATE	5.00	8.00	6.00	5.00	6.00	5.00	8.00	6.00	5.00	6.00
45 BLOOD SUGAR	10.00	8.00	9.00	10.00	8.00	10.00	8.00	9.00	10.00	10.00
46 BUN UREA NITROGEN	8.00	6.00	8.00	5.00	8.00	8.00	6.00	8.00	5.00	8.00
47 PAP TEST	12.00	10.00	10.00	10.00	15.00	10.00	10.00	10.00	10.00	10.00
48 URINALYSIS	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00
49 ELECTROCARDIOGRAM	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	23.00
50 ELECTROENCEPHALOGRAPH								50.00	50.00	50.00

1978 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA

ALABAMA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE	LOCALITY DESIGNATION FOR SPECIALISTS
01 INITIAL LIMITED OFFICE VISIT	25.00	47.50
02 INITIAL COMP OFFICE VISIT		
03 MINIMAL OFFICE VISIT	12.00	12.00
04 ROUTINE BRIEF OFFICE VISIT	15.00	15.00
05 ROUTINE BRIEF HOME VISIT		
06 INITIAL BRIEF HOSPITAL VISIT	40.00	47.50
07 INITIAL COMP HOSPITAL VISIT	10.00	12.00
08 ROUTINE BRIEF HOSPITAL VISIT	35.00	35.00
09 BIOPSY SKIN	650.00	600.00
10 RADICAL MASTECTOMY	678.70	
11 REDUCTION OF FRACTURE	15.00	
12 ARTHROTOMY	25.00	15.00
13 NEEDLE PUNCTURE OF BURSA		150.00
14 BRONCHOSCOPY	75.00	75.00
15 THORACENTESIS		
16 CATHETERIZATION		
17 INSERTION OF PACEMAKER		
18 BLOOD TRANSFUSION		
19 COLECTOMY	750.00	746.60
20 APPENDECTOMY	297.10	300.00
21 SIGMOIDOSCOPY	25.00	33.90
22 HEMORRHOIDECTOMY	250.00	300.00
23 CHOLECYSTECTOMY	375.00	441.10
24 REPAIR HERNIA	300.00	300.00
25 CYSTOSCOPY	67.90	54.30
26 DILATION OF URETHRA	15.00	15.00
27 PROSTATECTOMY	640.00	640.00
28 ELECTROSECTION OF PROSTATE		600.00
29 HYSTERECTOMY	600.00	610.90
30 EXTRACTION OF LENS		550.00
31 X-RAY CHEST	16.30	17.70
32 X-RAY SPINE	27.10	27.10
33 X-RAY HIP	13.00	20.40
34 X-RAY STOMACH	42.00	50.00
35 X-RAY COLON	40.70	45.00
36 COBALT		
37 RADIOTHERAPY		
38 HEMOGLOBIN	3.00	3.00
39 WHITE CELL COUNT	5.00	5.00
40 COMPLETE BLOOD COUNT	12.00	12.00
41 CHOLESTEROL BLOOD COUNT	8.00	8.00
42 HEMATOCRIT	5.00	5.00
43 PROTHROMBIN	6.00	8.00
44 SEDIMENTATION RATE	8.00	5.00
45 BLOOD SUGAR	8.00	8.00
46 BUN UREA NITROGEN	8.00	7.00
47 PAP TEST	10.00	10.00
48 URINALYSIS	7.00	4.00
49 ELECTROCARDIOGRAM	20.40	25.00
50 ELECTROENCEPHALOGRAPH	61.00	

ALASKA

[illegible]

Map of the Aleutian Islands (Part I). The map shows the chain of islands extending from the Kamchatka Peninsula in the north to the Gulf of Alaska in the south. The islands are labeled as follows: Kamchatka Peninsula, Aleutian Islands, and Gulf of Alaska. A scale bar indicates 100 miles.

1978 PREVAILING CHARGE SUMMARY DATA

ALASKA

AETNA LIFE AND CASUALTY

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE
01 INITIAL LIMITED OFFICE VISIT	20.30	21.70
02 INITIAL COMP OFFICE VISIT	67.90	67.90
03 MINIMAL OFFICE VISIT	10.00	11.60
04 ROUTINE BRIEF OFFICE VISIT	16.30	16.30
05 ROUTINE BRIEF HOME VISIT	27.10	28.00
06 INITIAL BRIEF HOSPITAL VISIT	40.70	40.70
07 INITIAL COMP HOSPITAL VISIT	67.90	70.00
08 ROUTINE BRIEF HOSPITAL VISIT	16.00	16.30
09 BIOPSY SKIN	36.00*	33.30*
10 RADICAL MASTECTOMY	840.00*	777.00*
11 REDUCTION OF FRACTURE	960.00*	816.00*
12 ARTHROTOMY	24.00*	20.40*
13 NEEDLE PUNCTURE OF BURSA	24.00*	22.20*
14 BRONCHOSCOPY	180.00*	166.50*
15 THORACENTESIS	36.00*	33.30*
16 CATHETERIZATION	420.00*	441.00*
17 INSERTION OF PACEMAKER	1200.00*	1260.00*
18 BLOOD TRANSFUSION	24.00*	22.20*
19 COLECTOMY	960.00*	888.00*
20 APENDECTOMY	480.00*	444.00*
21 SIGMOIDOSCOPY	36.00	36.00
22 HEMORRHOIDECTOMY	360.00*	333.00*
23 CHOLECYSTECTOMY	720.00*	666.00*
24 REPAIR HERNIA	420.00*	388.50*
25 CYSTOSCOPY	60.00*	61.00*
26 DILATION OF URETHRA	36.00*	36.60*
27 PROSTATECTOMY	960.00*	976.00*
28 ELECTROSECTION OF PROSTATE	1009.60	977.00
29 HYSTERECTOMY	840.00*	903.00*
30 EXTRACTION OF LENS	1009.60	1000.00
31 X-RAY CHEST	24.00	21.70
32 X-RAY SPINE	43.90	43.90
33 X-RAY HIP	42.00	40.70
34 X-RAY STOMACH	76.00	65.20
35 X-RAY COLON	65.20	59.00
36 COBALT	34.80*	33.00*
37 RADIO THERAPY	46.40*	44.00*
38 HEMOGLOBIN	5.00	5.00
39 WHITE CELL COUNT	5.50	4.40
40 COMPLETE BLOOD COUNT	15.00	15.50
41 CHOLESTEROL BLOOD COUNT	15.00	15.00
42 HEMATOCRIT	5.00	5.00
43 PROTHROMBIN	10.00	10.90
44 SEDIMENTATION RATE	8.00	8.30
45 BLOOD SUGAR	12.75	13.60
46 BUN UREA NITROGEN	12.50	14.50
47 PAP TEST	12.00	9.00
48 URINALYSIS	7.75	7.75
49 ELECTROCARDIOGRAM	40.00	34.60
50 ELECTROENCEPHALOGRAPH	100.10*	89.60*

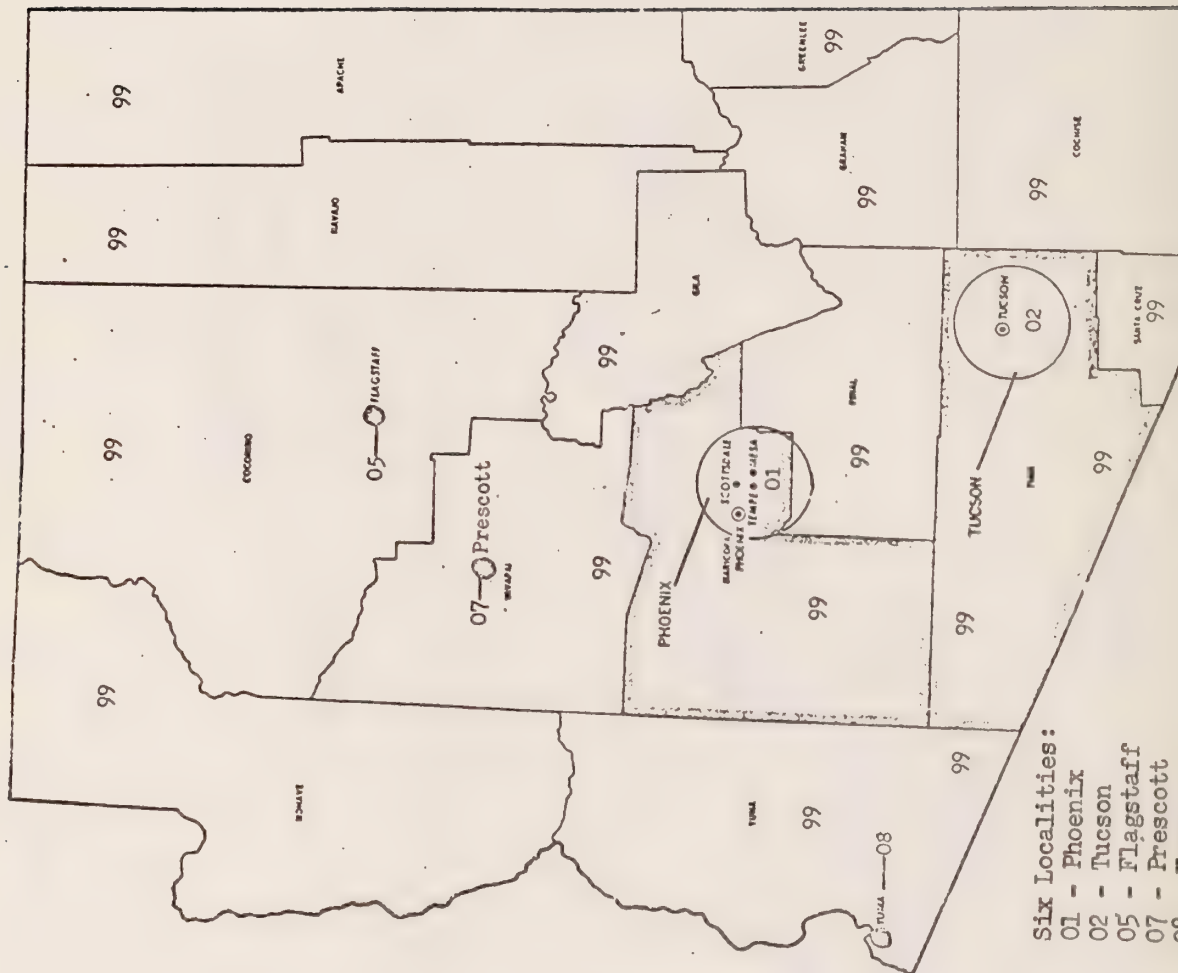
AMERICAN SAMOA



Part B Medicare claims are processed by Hawaii Medical Services Association.

ARIZONA

ARIZONA



Six Localities:

- 01 - Phoenix
- 02 - Tucson
- 05 - Flagstaff
- 07 - Prescott
- 08 - Yuma
- 99 - All other parts of the State

(For more locality information see Appendix A)

1978 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY

ARIZONA

LOCALITY DESIGNATION FOR SPECIALIST

LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION	01	02	07	08	05	01	02	07	08	05
01 INITIAL LIMITED OFFICE VISIT	19.00	17.00	20.00	20.30	16.30	20.00	27.10	20.30	22.00	22.00
02 INITIAL COMP OFFICE VISIT	45.00	40.70	40.00	50.00	40.00	60.00	55.00	53.10	53.10	53.10
03 MINIMAL OFFICE VISIT	6.80	8.00	5.40	12.80	6.00	6.00	6.80	6.80	6.00	6.00
04 ROUTINE BRIEF OFFICE VISIT	10.80	10.80	10.80	10.00	9.50	16.30	13.60	11.80	11.80	11.00
05 ROUTINE BRIEF HOME VISIT	20.30	20.30	20.00	20.30	20.30	25.00	20.00	20.00	20.00	20.00
06 INITIAL BRIEF HOSPITAL VISIT	33.90	40.70	30.00	45.00	40.00	47.50	40.00	40.00	40.00	45.00
07 INITIAL COMP. HOSPITAL VISIT	48.00	48.80	27.10	61.00	45.00	60.00	47.50	60.00	54.20	54.20
08 ROUTINE BRIEF HOSPITAL VISIT	13.60	13.60	10.80	13.60	13.60	16.30	13.60	14.20	14.20	15.00
09 BIOPSY SKIN	25.00	26.00	26.00	26.00	25.20*	24.00	25.00	25.00	28.80*	25.00
10 RADICAL MASTECTOMY	646.00	623.00*	623.00*	678.50	588.00	756.00	678.50	658.00*	660.20	756.00
11 REDUCTION OF FRACTURE	707.40	712.00*	707.40	680.00*	672.00*	895.70	760.00	821.00	840.00*	713.30
12 ARTHROTOMY	20.30	20.00	15.00	20.00	18.50	20.30	20.30	21.80*	20.30	20.80*
13 NEEDLE PUNCTURE OF BURSA	20.30	21.70	20.00	20.00	20.30	25.00	19.00	19.00	25.00	25.00
14 BRONCHOSCOPY	150.00	133.50*	133.50*	127.50*	126.00*	150.00	162.80	162.80	162.80	142.50*
15 THORACENTESIS	33.90	26.70*	26.70*	33.90	25.20*	35.00	35.00	35.00	28.80*	28.50*
16 CATHETERIZATION	301.00*	311.50*	311.50*	297.50*	294.00*	350.00	323.00	346.50*	332.50*	325.50*
17 INSERTION OF PACEMAKER	860.00*	890.00*	890.00*	850.00*	840.00*	950.00	940.00*	990.00*	950.00	930.00*
18 BLOOD TRANSFUSION	17.20*	17.80*	17.80*	17.00*	16.80*	18.00	20.20*	18.80*	19.20*	19.00*
19 COLECTOMY	688.00*	712.00*	760.00	738.20	672.00*	864.00	780.00	860.00	738.20	860.00
20 APPENDECTOMY	344.00*	356.00*	356.00*	340.00*	336.00*	30.00	404.00*	376.00*	384.00*	380.00*
21 SIGMOIDOSCOPY	28.50	33.90	40.70	26.50	25.00	30.00	27.10	27.10	25.00	25.00
22 HEMORRHOIDECTOMY	300.00	267.00*	267.00*	255.00*	252.00*	339.25	309.40	282.00*	288.00*	285.00*
23 CHOLECYSTECTOMY	542.80	542.80	553.70	529.20	504.00*	644.60	569.90	553.70	553.70	510.00
24 REPAIR HERNIA	339.25	339.25	323.00	323.00	339.25	380.00	352.90	323.00	323.00	315.00
25 CYSTOSCOPY	46.20	41.30	44.50*	42.50*	42.00*	47.50	46.00	47.50	46.20	47.50
26 DILATION OF URETHRA	20.30	20.30	26.00	26.00	25.20*	18.00	16.30	20.00	15.00	20.00
27 PROSTATECTOMY	688.00*	712.00*	760.00	680.00*	672.00*	760.00	705.60	719.20	683.90	736.00*
28 ELECTROSECTION OF PROSTATE	688.00*	760.00	712.00*	680.00*	672.00*	760.00	705.60	746.40	738.20	746.40
29 HYSTERECTOMY	589.50	589.50	623.00*	595.00*	588.00*	678.50	678.50	651.00*	714.00*	678.50
30 EXTRACTION OF LENS	688.00*	712.00*	712.00*	680.00*	672.00*	678.50	678.50	678.50	678.50	678.50
31 X-RAY CHEST	20.00	16.00	19.00	15.00	20.00	22.40	16.30	19.00	13.80*	16.30
32 X-RAY SPINE	30.00	35.00	26.00	26.00	26.00	42.10	24.50	37.30	20.70*	33.00
33 X-RAY HIP	25.00	26.00	26.00	26.00	37.20*	29.90	24.50	30.50	27.60*	27.10
34 X-RAY STOMACH	50.00	45.00	53.40*	48.80	50.00	54.00	57.00	57.00*	41.40*	48.80
35 X-RAY COLON	45.00	40.70	44.50*	40.70	46.50*	53.00	48.80	47.50*	34.50*	45.40
36 COBALT	26.70*	25.50*	26.70*	23.40*	27.90*	20.00	20.00	28.50*	20.70*	23.70*
37 RADIOGRAPHY	35.60*	35.60*	35.60*	31.20*	37.20*	18.00	18.00	38.00*	27.60*	18.00
38 HEMOGLOBIN	4.00	4.00	4.00	4.00	4.00	4.00	2.50	3.00	3.00	3.00
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	3.00	3.00	2.50	3.00	3.24*	3.12*
40 COMPLETE BLOOD COUNT	8.00	8.00	12.50	7.00	8.00	8.00	8.00	8.00	8.00	6.00
41 CHOLESTEROL BLOOD COUNT	7.00	7.50	7.00	7.00	7.00	7.00	6.50	7.00	8.10*	7.00
42 HEMATOCRIT	4.00	2.00	2.50	4.00	4.00	3.50	2.50	3.50	3.50	3.50
43 PROTHROMBIN	6.00	5.50	6.00	6.00	5.88*	6.00	5.50	6.00	6.00	6.00
44 SEDIMENTATION RATE	5.00	4.00	6.00	5.00	5.00	4.00	4.00	4.00	4.00	4.00
45 BLOOD SUGAR	7.00	6.00	7.00	5.00	7.00	7.00	6.00	6.50	6.50	6.50
46 BUN UREA NITROGEN	7.00	7.00	7.00	7.00	7.00	7.50	6.50	7.00	8.10*	7.00
47 PAP TEST	8.00	10.00	12.00	10.00	10.00	7.00	5.00	7.00	7.00	8.00
48 URINALYSIS	5.00	5.00	6.00	4.00	4.00	5.00	4.75	5.00	5.00	5.00
49 ELECTROCARDIOGRAM	24.00	23.10	20.00	21.00	20.00	25.00	20.30	25.00	25.00	20.00
50 ELECTROENCEPHALOGRAPH	60.00	80.50*	69.30*	76.30*	75.60*	60.00	60.00	85.40*	60.00	82.60*

1978 PREVAILING CHARGE SUMMARY DATA

ARIZONA

12

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

99

99

01 INITIAL LIMITED OFFICE VISIT	17.70	20.30	01
02 INITIAL COMP OFFICE VISIT	50.00	60.00	02
03 MINIMAL OFFICE VISIT	6.00	6.00	03
04 ROUTINE BRIEF OFFICE VISIT	9.50	9.50	04
05 ROUTINE BRIEF HOME VISIT	20.00	20.00	05
06 INITIAL BRIEF HOSPITAL VISIT	33.90	40.70	06
07 INITIAL COMP HOSPITAL VISIT	40.00	60.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	10.80	10.50	08
09 BIOPSY SKIN	26.00	24.50	09
10 RADICAL MASTECTOMY	678.50	660.20	10
11 REDUCTION OF FRACTURE	664.00*	738.20	11
12 ARTHROTOMY	20.00	18.50	12
13 NEEDLE PUNCTURE OF BURSA	20.30	19.00	13
14 BPNCHOSCOPY	150.00	162.80	14
15 THORACENTESIS	27.70	35.00	15
16 CATHETERIZATION	290.50*	350.00	16
17 INSERTION OF PACEMAKER	830.00*	950.00	17
18 BLOOD TRANSFUSION	16.60*	18.40*	18
19 COLECTOMY	738.20	705.60	19
20 APPENDECTOMY	332.00*	368.00*	20
21 SIGMOIDOSCOPY	30.00	27.10	21
22 HEMORRHOIDECTOMY	300.00	300.00	22
23 CHOLECYSTECTOMY	541.40	542.80	23
24 REPAIR HERNIA	339.25	339.25	24
25 CYSTOSCOPY	41.50*	47.50	25
26 DILATION OF URETHRA	20.30	20.00	26
27 PROSTATECTOMY	664.00*	719.20	27
28 ELECTROSECTION OF PROSTATE	664.00*	746.40	28
29 HYSTERECTOMY	678.50	721.00*	29
30 EXTRACTION OF LENS	664.00*	678.50	30
31 X-RAY CHEST	17.00	14.00	31
32 X-RAY SPINE	25.50	33.00	32
33 X-RAY HIP	26.00	34.40*	33
34 X-RAY STOMACH	52.70	57.00	34
35 X-RAY COLON	47.50	52.20	35
36 COBALT	25.50*	25.80*	36
37 RADIO THERAPY	34.00*	34.40*	37
38 HEMOGLOBIN	5.00	3.00	38
39 WHITE CELL COUNT	3.50	3.00	39
40 COMPLETE BLOOD COUNT	10.00	10.00	40
41 CHOLESTEROL BLOOD COUNT	8.00	7.00	41
42 HEMATOCRIT	4.00	3.50	42
43 PROTHROMBIN	6.00	6.00	43
44 SEDIMENTATION RATE	6.00	4.00	44
45 BLOOD SUGAR	8.00	7.00	45
46 BUN UREA NITROGEN	8.50	7.00	46
47 PAP TEST	10.00	7.00	47
48 URINALYSIS	6.00	5.00	48
49 ELECTROCARDIOGRAM	27.10	20.30	49
50 ELECTROENCEPHALOGRAPH	60.00	60.00	50

ARKANSAS

Five Localities: *

01 - PULASKI, Sebastian

02 - Cruickshank, Garland,

01 - Pulaski, Sebastian

002 - Craighead, Garland, Jefferson, Miller, Union, Washington

03 - Crittenden, Mississippi, Ouachita, Phillips, Pope, Saline

04 - Arkansas, Ashley, Baxter, Benton, Boone, Chicot, Clark, Columbia, Faulkner, Greene, Hot Spring, Independence, Jackson, St. Francis, White

05 - Bradley, Calhoun, Carroll, Clay, Cleburne, Cleveland,
Conway, Crawford, Cross, Dallas, Desha, Drew, Franklin,
Fulton, Grant, Hempstead, Howard, Izard, Johnson,
Lafayette, Lawrence, Lee, Lincoln, Logan, Little River,
Lonoke, Madison, Marion, Monroe, Montgomery, Nevada, Newton,
Perry, Pike, Poinsett, Polk, Prairie, Randolph, Scott,
Sevier, Searcy, Sharp, Stone, Van Buren, Woodruff, Yell (Counties)
14

****Effective February 1978, Arkansas changed to one Statewide locality on an experimental basis.**

1978 PREVAILING CHARGE SUMMARY DATA ARKANSAS B/C-B/S

ARKANSAS

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST			
	001	002	003	004	001	002	003	004
01 INITIAL LIMITED OFFICE VISIT	15.00	15.00	12.00	10.00	25.00	25.00	20.00	15.00
02 INITIAL COMP OFFICE VISIT	15.00	15.00	25.00	30.00	95.00	33.90	20.00	40.70
03 MINIMAL OFFICE VISIT								
04 ROUTINE BRIEF OFFICE VISIT	9.50	8.10	8.10	6.80	10.90	10.20	9.50	8.00
05 ROUTINE BRIEF HOME VISIT	20.00	13.60	13.60	13.60	20.40	13.60	15.00	10.00
06 INITIAL BRIEF HOSPITAL VISIT	30.00	25.00	25.00	30.00	50.00	40.00	25.00	30.00
07 INITIAL COMP HOSPITAL VISIT	35.00	35.00	25.00	33.90	75.00	40.70	33.90	35.00
08 ROUTINE BRIEF HOSPITAL VISIT	13.60	9.50	8.00	8.10	13.60	12.00	8.00	7.00
09 BIOPSY SKIN	18.00	18.00	18.00	15.00	33.90	15.00	24.00	20.40
10 RADICAL MASTECTOMY	650.00	500.00	542.80	542.80	650.00	500.00	542.80	542.80
11 REDUCTION OF FRACTURE	648.00*	544.00*	544.00*	544.00*	648.00*	544.00*	648.00*	544.00*
12 ARTHROTOMY	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
13 NEEDLE PUNCTURE OF BURSA	16.20*	13.60*	13.20*	13.20*	16.20*	13.60*	16.20*	13.60*
14 BRONCHOSCOPY	135.70	169.60	101.80	101.80	135.70	169.60	101.80	101.80
15 THORACENTESIS	30.00	25.00	20.40	25.50	33.90	40.00	34.00	47.50
16 CATHETERIZATION	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
17 INSERTION OF PACEMAKER	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
18 BLOOD TRANSFUSION	16.20*	13.60*	13.20*	13.20*	16.20*	13.60*	16.20*	13.60*
19 COLECTOMY	700.00	650.00	678.50	650.00	750.00	650.00	678.50	610.70
20 APENDECTOMY	271.40	271.40	271.40	271.40	330.00	300.00	271.40	250.00
21 SIGMOIDOSCOPY	20.40	30.00	30.00	20.40	35.00	27.10	33.90	33.90
22 HEMORRHOIDECTOMY	324.00*	272.00*	272.00*	272.00*	324.00*	272.00*	324.00*	272.00*
23 CHOLECYSTECTOMY	450.00	450.00	407.10	450.00	475.00	488.50	407.10	425.00
24 REPAIR HERNIA	300.00	271.40	210.00	271.40	325.00	285.00	271.40	271.40
25 CYSTOSCOPY	60.00	47.50	47.50	33.90	60.00	50.00	47.50	50.00
26 DILATION OF URETHRA	12.00	15.00	15.00	13.00	13.60	13.60	11.90	15.00
27 PROSTATECTOMY	576.70	542.80	480.00	542.80	576.70	542.80	600.00	542.80
28 ELECTROSESECTION OF PROSTATE	580.80	542.80	480.00	542.80	580.80	542.80	600.00	542.80
29 HYSTERECTOMY	310.00*	680.00*	680.00*	680.00*	810.00*	680.00*	810.00*	680.00*
30 EXTRACTION OF LENS	525.00	400.00	475.00	475.00	525.00	400.00	475.00	475.00
31 X-RAY CHEST	18.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
32 X-RAY SPINE	33.50	33.50	33.50	33.50	25.00	25.00	25.00	25.00
33 X-RAY HIP	20.00	20.00	15.00	20.00	20.00	20.00	20.00	20.00
34 X-RAY STOMACH	24.30*	20.40*	20.40*	20.40*	24.30*	24.30*	24.30*	24.30*
35 X-RAY COLON	35.00	33.90	38.50	45.00	40.70	40.70	40.70	40.70
36 COBALT	26.73*	22.44*	22.44*	22.44*	26.73*	26.73*	26.73*	26.73*
37 RADIOTHERAPY	25.00	24.00	25.00	25.00	25.00	25.00	25.00	25.00
38 HEMOGLOBIN	4.00	3.00	3.00	3.00	4.00	3.00	3.00	3.00
39 WHITE CELL COUNT	3.00	4.00	3.00	3.00	2.50	3.00	3.00	3.00
40 COMPLETE BLOOD COUNT	10.50	8.00	7.00	8.50	12.25	8.00	7.20	9.00
41 CHOLESTEROL BLOOD COUNT	8.00	7.00	7.00	7.50	8.25	9.00	6.00	8.00
42 HEMATOCRIT	3.00	3.00	3.00	3.00	4.00	2.00	3.00	2.25
43 PROTHROMBIN	6.00	8.00	6.00	6.00	7.50	7.00	6.00	6.00
44 SEDIMENTATION RATE	6.00	5.00	6.00	5.00	4.00	5.00	5.25	4.00
45 BLOOD SUGAR	7.00	6.00	7.50	7.00	8.00	7.00	6.00	6.50
46 BUN UREA NITROGEN	8.00	6.00	6.00	8.00	7.50	6.00	6.00	7.00
47 PAP TEST	10.00	15.00	8.00	10.00	10.00	9.00	9.00	10.00
48 URINALYSIS	4.50	4.00	3.20	4.00	6.00	4.00	3.20	4.00
49 ELECTROCARDIOGRAM	20.00	15.00	20.00	20.00	20.00	17.00	17.00	18.00
50 ELECTROENCEPHALOGRAPH	56.70*	47.60*	47.60*	47.60*	71.40*	66.50*	56.00*	47.60*

Occidental handles non-Medi-Cal claims from
15-28

There are 42 screens for California as a result of the overlap

(For more locality information
see Appendix A)

1978 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE

CALIFORNIA

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-01	PSRO-02	PSRO-03	PSRO-04	PSRO-05	PSRO-01	PSRO-02	PSRO-03	PSRO-04	PSRO-05
01 INITIAL LIMITED OFFICE VISIT	19.00	20.00	20.00	20.00	20.00	18.00	20.00	20.36	20.00	20.00
02 INITIAL COMP OFFICE VISIT	61.07	61.07	61.07	61.07	56.00	66.49	61.07	65.14	66.00	67.85
03 MINIMAL OFFICE VISIT	8.00	8.14	3.00	8.14	10.00	7.00	7.50	8.00	7.00	10.00
04 ROUTINE BRIEF OFFICE VISIT	10.86	10.86	12.00	10.86	13.57	12.21	10.86	13.57	12.21	13.57
05 ROUTINE BRIEF HOME VISIT	20.36	20.36	25.00	20.36	20.00	19.00	19.93	20.36	20.76	22.93
06 INITIAL BRIEF HOSPITAL VISIT	33.93	33.93	33.93	37.00	33.93	33.75	33.93	33.93	30.00	33.93
07 INITIAL COMP HOSPITAL VISIT	61.07	56.99	67.85	56.99	60.00	70.00	63.78	67.85	66.00	67.85
08 ROUTINE BRIEF HOSPITAL VISIT	13.57	13.57	15.00	13.57	13.57	13.57	12.00	16.00	15.00	15.00
09 BIOPSY SKIN	33.93	30.00	30.00	30.00	33.93	33.93	36.00	33.00	33.93	36.00
10 RADICAL MASTECTOMY						664.93	793.85	854.91	759.92	950.00
11 REDUCTION OF FRACTURE						875.27	895.21	984.77	905.93	1313.03
12 ARTHROTOMY	16.28	18.10	18.00	18.10	18.10	21.71	21.71	21.71	21.71	25.00
13 NEEDLE PUNCTURE OF BURSA	16.80	18.86	16.69	24.56	31.35	19.81	16.40	19.81	18.63	22.25
14 BRONCHOSCOPY						146.56	162.84	173.02	200.00	203.55
15 THORACENTESIS						29.31	35.00	35.00	32.57	40.71
16 CATHETERIZATION	28.50	35.00	35.00	28.50	36.80	339.25	339.25	339.25	339.25	300.00
17 INSERTION OF PACEMAKER										
18 BLOOD TRANSFUSION	24.00	24.00	21.71	24.00	21.71					
19 COLECTOMY	835.91	835.91	835.91	835.91	835.91	792.49	845.95	891.55	820.17	950.99
20 APPENDECTOMY	375.96	386.75	386.75	394.26	400.00	386.75	386.75	451.20	427.46	515.66
21 SIGMOIDOSCOPY	26.12	28.23	26.33	31.35	30.00	26.73	29.72	29.72	29.72	34.74
22 HEMORRHOIDECTOMY	318.90	332.47	305.33	284.97	360.00	284.97	284.97	366.39	305.33	379.96
23 CHOLECYSTECTOMY	610.65	610.65	720.00	651.36	720.00	610.65	649.32	750.00	651.36	814.20
24 REPAIR HERNIA	407.10	407.10	407.10	450.00	450.00	407.10	407.10	427.46	450.00	474.95
25 CYSTOSCOPY						45.19	50.21	52.92	47.22	60.25
26 DILATION OF URETHRA	22.50	28.50	24.43	21.00	24.43	28.50	24.50	21.71	20.00	25.00
27 PROSTATECTOMY						759.92	814.20	868.48	868.48	1153.45
28 ELECTROSECTION OF PROSTATE						814.20	868.48	949.90	814.20	1085.60
29 HYSTERECTOMY						746.35	732.78	840.00	746.35	949.90
30 EXTRACTION OF LENS	689.63	689.63	689.63	689.63	787.50	840.25	714.19	787.74	693.16	1000.00
31 X-RAY CHEST	20.36	20.36	18.00	20.36	17.00	20.36	18.00	20.00	18.00	18.50
32 X-RAY SPINE	28.50	28.50	28.50	28.50	28.50	30.00	28.50	33.00	29.50	33.00
33 X-RAY HIP	32.57	33.25	28.50	34.50	34.50	32.57	28.50	33.50	31.21	30.00
34 X-RAY STOMACH	49.00	49.00	49.00	49.00	49.00	61.07	56.99	61.07	66.25	50.00
35 X-RAY COLON	54.28	54.28	54.28	54.28	56.99	50.00	48.85	56.99	53.60	57.67
36 COBALT						23.61	23.61	23.61	23.61	23.61
37 RADIOGRAPHY						31.36	31.36	31.36	31.36	27.14
38 HEMOGLOBIN										
39 WHITE CELL COUNT										
40 COMPLETE BLOOD COUNT										
41 CHOLESTEROL BLOOD COUNT										
42 HEMATOCRIT										
43 PROTHROMBIN										
44 SEDIMENTATION RATE										
45 BLOOD SUGAR										
46 BUN UREA NITROGEN										
47 PAP TEST										
48 URINALYSIS										
49 ELECTROCARDIOGRAM	27.50	28.50	25.00	28.50	24.43	25.00	28.50	27.14	26.00	25.00
50 ELECTROENCEPHALOGRAPH						67.85	67.85	67.85	67.85	65.00

PREVAILING CHARGE SCREENS FOR LABORATORY SERVICES ARE NOT AVAILABLE DUE TO A CHANGE IN METHODOLOGY OF PROCESSING CLAIMS USING THE CODING AND TERMINOLOGY OF THE PATHOLOGY SECTION OF THE 1974 CALIFORNIA RELATIVE VALUE STUDY.

1978 PREVAILING CHARGE SUMMARY DATA

PREVAILING CHARGE SCREENS FOR LABORATORY SERVICES ARE NOT AVAILABLE DUE TO A CHANGE IN METHODOLOGY OF PROCESSING CLAIMS USING THE CODING AND TERMINOLOGY OF THE PATHOLOGY SECTION OF THE 1974 CALIFORNIA RELATIVE VALUE STUDY.

PREVAILING CHARGE SCREENS FOR LABORATORY SERVICES ARE NOT AVAILABLE DUE TO A CHANGE IN METHODOLOGY OF PROCESSING CLAIMS USING THE CODING AND TERMINOLOGY OF THE PATHOLOGY SECTION OF THE 1974 CALIFORNIA RELATIVE VALUE STUDY.

1978 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE

CALIFORNIA

LOCALITY DESIGNATION FOR SPECIALIST

LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION	PSRO-11	PSRO-12	PSRO-13	PSRO-14	PSRO-15	PSRO-11	PSRO-12	PSRO-13	PSRO-14	PSRO-15
01 INITIAL LIMITED OFFICE VISIT	19.00	20.00	19.00	21.71	20.36	19.00	20.36	20.36	21.71	24.00
02 INITIAL COMP OFFICE VISIT	56.99	60.00	51.00	48.85	67.85	56.99	70.00	67.85	65.14	70.00
03 MINIMAL OFFICE VISIT	8.14	8.50	8.50	9.50	10.00	7.00	7.46	8.14	8.00	9.50
04 ROUTINE BRIEF OFFICE VISIT	10.86	10.86	9.50	10.86	10.86	10.86	13.00	10.86	10.86	14.93
05 ROUTINE BRIEF HOME VISIT	20.00	19.00	20.36	20.36	20.00	15.00	20.76	20.76	20.76	27.14
06 INITIAL BRIEF HOSPITAL VISIT	33.93	32.00	30.53	33.93	33.93	33.93	35.00	28.50	33.75	33.93
07 INITIAL COMP HOSPITAL VISIT	56.99	61.07	63.10	65.14	67.85	56.99	67.85	67.85	65.14	70.00
08 ROUTINE BRIEF HOSPITAL VISIT	10.86	13.50	10.86	13.57	13.57	10.86	12.50	12.21	13.57	16.28
09 BIOPSY SKIN	33.00	32.57	30.53	33.93	36.00	33.93	32.57	32.57	33.93	34.60
10 RADICAL MASTECTOMY						664.93	814.20	854.91	854.91	814.20
11 REDUCTION OF FRACTURE						875.27	875.27	1094.15	1034.44	1085.60
12 ARTHROTOMY	18.10	18.10	18.10	18.10	20.00	21.71	21.71	21.71	21.71	14.00
13 NEEDLE PUNCTURE OF BURSA	18.86	20.90	20.00	19.81	19.68	18.16	18.63	19.81	19.81	30.00
14 BRONCHOSCOPY						200.00	200.00	200.00	200.00	183.20
15 THORACENTESIS	28.50	36.80	30.53	33.93	33.93	36.64	33.93	36.64	36.64	45.00
16 CATHETERIZATION						339.25	350.00	339.25	339.25	375.00
17 INSERTION OF PACEMAKER										
18 BLOOD TRANSFUSION	21.71	21.71	21.71	24.00	20.00					
19 COLECTOMY	835.91	835.91	835.91	835.91		792.49	891.55	891.55	855.86	868.48
20 APPENDECTOMY	386.75	386.75	386.75	415.01	434.24	379.96	434.24	451.20	451.20	434.24
21 SIGMOIDOSCOPY	28.23	29.31	31.35	31.35	30.33	29.72	29.72	25.78	29.72	36.64
22 HEMORRHOIDECTOMY	325.68	325.68	284.97	325.68	360.00	284.97	366.39	366.39	366.39	386.75
23 CHOLECYSTECTOMY	610.65	651.36	609.00	610.65	732.78	569.94	678.50	678.50	610.65	716.50
24 REPAIR HERNIA	373.18	379.96	332.47	352.82	427.46	373.18	379.96	379.96	366.39	450.00
25 CYSTOSCOPY					59.03	50.00	50.00	50.21	45.19	50.00
26 DILATION OF URETHRA	28.50	24.43	24.43	24.43	28.50	30.00	30.00	22.50	20.36	21.71
27 PROSTATECTOMY						800.00	949.90	915.98	915.98	1085.60
28 ELECTROSECTION OF PROSTATE						759.92	900.00	922.76	814.20	922.76
29 HYSTERECTOMY						814.20	759.92	814.20	678.50	900.00
30 EXTRACTION OF LENS	689.63	689.63	689.63	689.63		900.00	840.25	735.22	777.29	822.34
31 X-RAY CHEST	18.00	20.00	20.00	20.36	21.71	18.50	18.50	18.50	20.36	16.00
32 X-RAY SPINE	27.14	29.85	31.00	30.53	35.28	33.00	33.00	33.00	33.00	28.00
33 X-RAY HIP	34.50	34.50	34.50	38.00	33.00	32.57	28.00	32.57	40.71	28.00
34 X-RAY STOMACH	49.00	49.00	49.00	49.00	65.00	61.07	61.07	61.07	61.07	56.00
35 X-RAY COLON	54.28	54.28	54.28	56.99	60.00	54.28	54.00	54.28	54.28	48.85
36 COBALT						23.61	23.61	23.61	23.61	30.13
37 RADIOTHERAPY						31.36	31.36	31.36	35.00	38.00
38 HEMOGLOBIN										
39 WHITE CELL COUNT										
40 COMPLETE BLOOD COUNT										
41 CHOLESTEROL BLOOD COUNT										
42 HEMATOCRIT										
43 PROTHROMBIN										
44 SEDIMENTATION RATE										
45 BLOOD SUGAR										
46 BUN UREA NITROGEN										
47 PAP TEST										
48 URINALYSIS										
49 ELECTROCARDIOGRAM										
50 ELECTROENCEPHALOGRAM										

PREVAILING CHARGE SCREENS FOR LABORATORY SERVICES ARE NOT AVAILABLE DUE TO A CHANGE IN METHODOLOGY OF PROCESSING CLAIMS USING THE CODING AND TERMINOLOGY OF THE PATHOLOGY SECTION OF THE 1974 CALIFORNIA RELATIVE VALUE STUDY

28.50	25.00	28.50	30.53	28.50	25.00	25.00	24.43	32.57	27.14	67.85
					60.00	67.85	67.85	67.85		

1978 PREVAILING CHARGE SUMMARY DATA

CALIFORNIA PHYSICIANS SERVICE

CALIFORNIA

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

PSRO-16	PSRO-17	PSRO-18	PSRO-19	PSRO-20	PSRO-16	PSRO-17	PSRO-18	PSRO-19	PSRO-20
01 INITIAL LIMITED OFFICE VISIT	17.00	20.00	21.71	20.00	24.00	18.00	27.14	25.00	25.00
02 INITIAL COMP OFFICE VISIT	56.00	69.21	75.00	65.00	67.85	65.00	67.85	67.85	67.85
03 MINIMAL OFFICE VISIT	8.00	7.00	8.50	8.00	8.00	8.68	10.00	7.00	10.00
04 ROUTINE BRIEF OFFICE VISIT	11.53	10.86	13.57	13.57	13.57	15.00	16.96	16.28	16.28
05 ROUTINE BRIEF HOME VISIT	20.00	20.00	25.00	20.00	21.71	21.71	30.00	25.00	27.00
06 INITIAL BRIEF HOSPITAL VISIT	34.60	33.93	40.00	45.00	36.64	33.93	40.00	45.00	30.00
07 INITIAL COMP HOSPITAL VISIT	60.00	65.14	70.00	70.00	67.85	72.00	67.85	67.85	67.85
08 ROUTINE BRIEF HOSPITAL VISIT	13.57	13.57	20.00	16.28	13.57	15.00	20.00	20.00	20.00
09 BIOPSY SKIN	32.50	30.00	35.00	27.00	34.60	34.60	47.50	32.00	35.72
10 RADICAL MASTECTOMY					1031.32	977.04	1080.00	1025.89	1017.75
11 REDUCTION OF FRACTURE					1044.89	1137.44	1221.30	1251.15	1240.84
12 ARTHROTOMY	20.00	20.00	20.00	20.00	20.00	20.00	20.00	25.00	20.00
13 NEEDLE PUNCTURE OF BURSA	19.95	19.68	20.00	17.78	26.12	26.12	26.12	20.00	20.90
14 BRONCHOSCOPY					183.20	183.20	183.20	183.81	225.00
15 THORACENTESIS	35.00	34.60	41.50	40.00	45.00	45.00	45.00	45.00	45.00
16 CATHETERIZATION					375.00	375.00	375.00	375.00	375.00
17 INSERTION OF PACEMAKER									
18 BLOOD TRANSFUSION	20.00	20.00	20.00	20.00	1080.00	922.76	1085.60	1044.89	1200.00
19 COLECTOMY					488.52	488.52	488.52	488.52	488.52
20 APPENDECTOMY	434.24	434.24	446.13	522.00	434.24	36.64	34.94	35.00	37.59
21 SIGMOIDOSCOPY	29.51	30.00	36.31	35.00	32.57	407.10	407.10	407.10	407.10
22 HEMORRHOIDECTOMY	360.00	360.00	360.00	360.00	814.20	746.35	870.00	814.20	882.05
23 CHOLECYSTECTOMY	732.78	732.78	780.28	809.27	512.95	510.00	542.80	542.80	542.80
24 REPAIR HERNIA	434.24	427.46	508.88	522.45	56.99	58.08	67.85	60.00	67.85
25 CYSTOSCOPY	59.03	59.03	59.03	65.00	23.07	23.00	21.71	30.00	23.07
26 DILATION OF URETHRA	28.50	28.50	28.50	30.00	1085.60	1085.60	1131.06	1139.88	1122.92
27 PROSTATECTOMY					1085.60	868.48	1153.45	1139.88	1122.92
28 ELECTROSECTOMY OF PROSTATE					915.98	915.98	949.90	1025.89	1153.45
29 HYSTERECTOMY					900.00	949.90	1067.00	1000.00	1174.75
30 EXTRACTION OF LENS					20.00	20.00	20.00	20.00	20.00
31 X-RAY CHEST	20.36	21.71	21.71	20.36	20.00	20.00	20.00	20.00	20.00
32 X-RAY SPINE	32.00	33.93	38.50	33.93	33.25	35.69	36.00	35.69	33.00
33 X-RAY HIP	35.00	35.00	31.50	33.25	35.00	35.00	30.00	35.69	33.00
34 X-RAY STOMACH	65.00	65.00	60.00	65.00	66.49	68.00	60.00	65.00	65.00
35 X-RAY COLON	60.00	60.00	54.28	60.00	61.00	61.07	59.00	60.00	60.00
36 COBALT					30.13	30.13	30.13	30.13	30.13
37 RADIOTHERAPY					38.00	40.00	38.00	40.00	38.00
38 HEMOGLOBIN									
39 WHITE CELL COUNT									
40 COMPLETE BLOOD COUNT									
41 CHOLESTEROL BLOOD COUNT									
42 HEMATOCRIT									
43 PROTHROMBIN									
44 SEDIMENTATION RATE									
45 BLOOD SUGAR									
46 BUN UREA NITROGEN									
47 PAP TEST									
48 URINALYSIS									
49 ELECTROCARDIOGRAM	30.00	30.00	28.50	28.50	28.00	30.00	27.14	29.00	25.00
50 ELECTROENCEPHALOGRAPH	56.99	60.00	56.99	56.99	70.00	67.85	70.00	65.00	60.00

PREVAILING CHARGE SCREENS FOR LABORATORY SERVICES ARE NOT AVAILABLE DUE TO A CHANGE IN METHODOLOGY OF PROCESSING CLAIMS USING THE CODING AND TERMINOLOGY OF THE PATHOLOGY SECTION OF THE 1974 CALIFORNIA RELATIVE VALUE STUDY.

1978 PREVAILING CHARGE SUMMARY DATA

CALIFORNIA PHYSICIANS SERVICE

CALIFORNIA

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

PSRO-21 PSRO-22 PSRO-23 PSRO-24 PSRO-25

PSRO-21 PSRO-22 PSRO-23 PSRO-24 PSRO-25

01 INITIAL LIMITED OFFICE VISIT	20.00	21.71	21.71	20.00	22.00	27.14	27.14	20.00	24.43	22.00	01
02 INITIAL COMP OFFICE VISIT	65.00	65.00	67.85	60.00	60.00	65.00	67.85	74.64	67.85	67.85	02
03 MINIMAL OFFICE VISIT	10.00	9.00	10.00	8.00	13.57	10.00	10.00	8.00	10.86	10.00	03
04 ROUTINE BRIEF OFFICE VISIT	13.57	13.57	13.57	13.57	15.00	16.28	20.00	15.00	15.00	20.00	04
05 ROUTINE BRIEF HOME VISIT	27.14	27.14	21.71	20.00	27.14	27.14	30.00	25.00	25.00	25.00	05
06 ROUTINE BRIEF HOSPITAL VISIT	47.50	47.50	47.50	47.50	40.00	40.00	30.00	40.00	40.00	50.00	06
07 INITIAL COMP HOSPITAL VISIT	67.85	67.85	67.85	67.85	71.24	67.85	67.85	80.00	71.24	69.21	07
08 ROUTINE BRIEF HOSPITAL VISIT	20.00	20.00	17.00	18.00	20.00	20.00	22.50	18.00	20.00	20.00	08
09 BIOPSY SKIN	35.00	35.00	33.93	33.93	35.00	40.00	35.72	40.71	40.71	45.00	09
10 RADICAL MASTECTOMY						977.04	1080.00	1017.75	1080.00	1080.00	10
11 REDUCTION OF FRACTURE						1263.80	1364.87	1251.15	1289.15	1425.94	11
12 ARTHROTOMY	20.00	20.00	20.00	20.00	20.00	22.00	20.00	20.00	20.00	16.00	12
13 NEEDLE PUNCTURE OF BURSA	22.12	19.68	20.75	21.71	15.00	26.12	26.12	26.12	20.90	25.56	13
14 BRONCHOSCOPY						204.20	210.00	183.81	175.00	210.00	14
15 THORACENTESIS	40.71	43.00	37.37	35.00	43.00	45.00	45.00	45.00	45.00	45.00	15
16 CATHETERIZATION						375.00	375.00	375.00	375.00	350.00	16
17 INSERTION OF PACEMAKER											17
18 BLOOD TRANSFUSION	20.00	20.00	20.00	20.00	20.00						18
19 COLECTOMY	434.24	475.00	435.76	473.13	500.00	1275.00	1260.00	1200.00	1170.00	1500.00	19
20 APPENDECTOMY	34.47	36.31	32.57	29.51	30.00	488.52	510.51	488.52	542.80	510.51	20
21 SIGMOIDOSCOPY	360.00	360.00	360.00	360.00	360.00	36.64	41.80	41.80	37.59	45.00	21
22 HEMORRHOIDECTOMY	814.20	814.20	746.35	814.20	870.00	407.10	408.41	407.10	474.95	450.00	22
23 CHOLECYSTECTOMY	542.80	542.80	488.52	474.95	560.00	895.62	915.98	814.20	900.00	1000.00	23
24 REPAIR HERNIA	60.00	59.03	60.00	49.19	59.03	569.94	610.65	560.00	585.00	678.50	24
25 CYSTOSCOPY	28.50	28.50	22.50	20.00	28.50	69.00	73.96	67.85	61.07	81.42	25
26 DILATION OF URETHRA						20.36	20.36	25.00	20.36	18.00	26
27 PROSTATECTOMY						1085.60	1250.00	1119.53	1085.60	1300.00	27
28 ELECTROSECTION OF PROSTATE						1085.60	1221.30	1085.60	1085.60	1248.44	28
29 HYSTERECTOMY						1200.00	949.90	977.04	949.90	1017.75	29
30 EXTRACTION OF LENS						949.90	1174.75	1085.60	1000.00	1153.45	30
31 X-RAY CHEST	20.00	20.00	20.00	20.00	21.00	20.36	20.00	22.00	20.36	23.07	31
32 X-RAY SPINE	32.00	31.00	31.00	30.00	38.00	36.00	40.00	41.97	43.00	32.50	32
33 X-RAY HIP	38.00	27.14	33.93	32.57	30.00	35.00	32.57	35.00	35.00	33.93	33
34 X-RAY STOMACH	65.00	65.00	67.00	60.80	65.00	66.00	65.67	71.00	72.60	68.53	34
35 X-RAY COLON	57.00	60.00	55.00	62.00	60.00	61.00	61.00	61.00	65.00	70.00	35
36 COBALT						35.00	30.13	30.13	30.13	30.13	36
37 RADIOTHERAPY						40.00	38.00	40.00	40.00	38.00	37
38 HEMOGLOBIN											38
39 WHITE CELL COUNT											39
40 COMPLETE BLOOD COUNT											40
41 CHOLESTEROL BLOOD COUNT											41
42 HEMATOCRIT											42
43 PROTHROMBIN											43
44 SEDIMENTATION RATE											44
45 BLOOD SUGAR											45
46 BUN UREA NITROGEN											46
47 PAP TEST											47
48 URINALYSIS											48
49 ELECTROCARDIOGRAM	30.00	28.50	29.85	27.14	27.14	27.50	27.14	27.14	27.14	25.00	49
50 ELECTROENCEPHALOGRAPH	56.99	56.99	73.22	56.99	75.00	70.00	80.00	70.00	67.85	80.00	50

PREVAILING CHARGE SCREENS FOR LABORATORY SERVICES ARE NOT AVAILABLE DUE TO A CHANGE IN METHODOLOGY OF PROCESSING CLAIMS USING THE CODING AND TERMINOLOGY OF THE PATHOLOGY SECTION OF THE 1974 CALIFORNIA RELATIVE VALUE STUDY.

1978 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE

CALIFORNIA

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-26	PSRO-27	PSRO-28	PSRO-26	PSRO-27	PSRO-28
01 INITIAL LIMITED OFFICE VISIT	20.00	20.36	21.71	24.43	20.00	20.00
02 INITIAL COMP OFFICE VISIT	67.85	70.00	65.14	67.85	67.85	70.00
03 MINIMAL OFFICE VISIT	10.00	9.60	9.50	9.00	5.00	8.50
04 ROUTINE BRIEF OFFICE VISIT	13.57	10.86	12.21	16.28	12.00	12.00
05 ROUTINE BRIEF HOME VISIT	25.50	20.36	21.50	30.00	25.00	23.07
06 INITIAL BRIEF HOSPITAL VISIT	47.50	33.93	36.64	40.00	45.00	33.93
07 INITIAL COMP HOSPITAL VISIT	67.85	65.14	65.14	81.42	67.85	74.00
08 ROUTINE BRIEF HOSPITAL VISIT	17.64	13.57	13.57	20.00	13.00	15.75
09 BIOPSY SKIN	33.93	30.00	35.00	45.00	35.72	42.07
10 RADICAL MASTECTOMY				1072.03	977.04	977.04
11 REDUCTION OF FRACTURE				1251.15	1137.44	1194.16
12 ARTHROTOMY	20.00	20.00	17.00	15.00	20.00	20.00
13 NEEDLE PUNCTURE OF BURSA	20.75	22.50	19.68	26.12	25.10	22.50
14 BRONCHOSCOPY				183.20	170.98	183.20
15 THORACENTESIS	43.00	34.60	34.60	45.00	45.00	45.00
16 CATHETERIZATION				375.00	375.00	375.00
17 INSERTION OF PACEMAKER						
18 BLOOD TRANSFUSION	20.00	20.00	20.00			
19 COLECTOMY				1139.88	977.04	977.04
20 APPENDECTOMY	443.54	434.24	434.24	488.52	488.52	476.99
21 SIGMOIDOSCOPY	32.57	30.00	32.57	34.47	36.64	31.35
22 HEMORRHOIDECTOMY	360.00	360.00	360.00	407.10	407.10	366.39
23 CHOLECYSTECTOMY	732.78	725.00	732.78	787.06	797.50	787.06
24 REPAIR HERNIA	488.52	427.46	490.00	488.52	461.38	498.02
25 CYSTOSCOPY	62.25	59.03	59.03	63.37	56.99	58.08
26 DILATION OF URETHRA	28.50	28.50	30.00	25.00	25.00	21.00
27 PROSTATECTOMY				1085.60	1000.00	980.00
28 HYSTERECTOMY				1058.46	949.90	977.04
29 EXTRACTION OF LENS				949.90	915.98	882.05
30 X-RAY CHEST	20.00	18.50	20.00	907.83	882.05	900.00
31 X-RAY SPINE	31.00	33.93	30.00	20.00	17.64	19.00
32 X-RAY HIP	33.93	35.00	33.93	35.00	30.00	32.00
33 X-RAY STOMACH	66.49	65.00	64.00	65.81	61.07	62.00
34 X-RAY COLON	61.07	60.00	62.00	60.50	54.00	60.00
35 COBALT				30.13	30.13	30.13
36 RADIOGRAPHY				38.00	40.00	38.00
37 HEMOGLOBIN						
38 WHITE CELL COUNT						
39 COMPLETE BLOOD COUNT						
40 CHOLESTEROL BLOOD COUNT						
41 HEMATOOCRIT						
42 PROTHROMBIN						
43 SEDIMENTATION RATE						
44 BLOOD SUGAR						
45 BUN UREA NITROGEN						
46 PAP TEST						
47 URINALYSIS						
48 ELECTROCARDIOGRAM	29.18	25.00	28.00	27.14	25.00	26.00
49 ELECTROENCEPHALOGRAPH	56.99	56.99	56.99	67.85	77.35	67.85
50						

PREVAILING CHARGE SCREENS FOR LABORATORY SERVICES ARE NOT AVAILABLE DUE TO A CHANGE IN METHODOLOGY OF PROCESSING CLAIMS USING THE CODING AND TERMINOLOGY OF THE PATHOLOGY SECTION OF THE 1974 CALIFORNIA RELATIVE VALUE STUDY.

1978 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.

CALIFORNIA

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-15	PSRO-16	PSRO-17	PSRO-18	PSRO-19	PSRO-15	PSRO-16	PSRO-17	PSRO-18	PSRO-19
01 INITIAL LIMITED OFFICE VISIT	20.40	17.00	20.00	21.70	21.70	24.00	24.00	18.00	27.10	25.00
02 INITIAL COMP OFFICE VISIT	67.90	56.00	69.20	75.00	61.10	70.00	67.90	65.00	67.90	67.90
03 MINIMAL OFFICE VISIT	10.00	8.00	7.00	8.50	8.00	9.50	8.00	8.70	10.00	7.00
04 ROUTINE BRIEF OFFICE VISIT	10.90	11.50	10.90	13.60	13.60	14.90	13.60	15.00	17.00	16.30
05 ROUTINE BRIEF HOME VISIT	20.00	20.00	20.00	25.00	25.00	27.10	21.70	21.70	30.00	25.00
06 INITIAL BRIEF HOSPITAL VISIT	33.90	34.60	33.90	40.00	46.00	33.90	36.60	33.90	40.00	45.00
07 INITIAL COMP HOSPITAL VISIT	67.90	60.00	65.10	70.00	67.90	70.00	67.90	72.00	67.90	67.90
08 ROUTINE BRIEF HOSPITAL VISIT	13.60	13.60	13.60	20.00	16.30	16.30	13.60	15.00	20.00	20.00
09 BIOPSY SKIN	36.00	32.50	30.00	35.00	27.00	34.60	34.60	34.60	47.50	32.00
10 RADICAL MASTECTOMY						814.20	1031.30	977.00	1080.00	1025.90
11 REDUCTION OF FRACTURE	20.00	20.00	20.00	20.00	20.00	1085.60	1044.90	1137.40	1221.30	1251.20
12 ARTHROTOMY	19.70	20.00	19.70	20.00	17.80	14.00	20.00	20.00	20.00	25.00
13 NEEDLE PUNCTURE OF BURSA						30.00	26.10	26.10	26.10	20.00
14 BRONCHOSCOPY						183.20	183.20	183.20	183.20	163.80
15 THORACENTESIS	33.90	35.00	34.60	41.50	40.00	45.00	45.00	45.00	45.00	45.00
16 CATHETERIZATION						375.00	375.00	375.00	375.00	375.00
17 INSERTION OF PACEMAKER										
18 BLOOD TRANSFUSION	20.00	20.00	20.00	20.00	20.00	868.50	1080.00	922.80	1085.60	1044.90
19 COLECTOMY						434.20	488.50	488.50	488.50	488.50
20 APPENDECTOMY	434.20	434.20	434.20	446.10	522.00	434.20	488.50	488.50	488.50	488.50
21 SIGMOIDOSCOPY	30.30	29.50	30.00	36.30	35.00	36.60	32.60	36.60	34.90	35.00
22 HEMORRHOIDECTOMY	360.00	360.00	360.00	360.00	360.00	386.75	407.10	407.10	407.10	407.10
23 CHOLECYSTECTOMY	732.80	732.80	732.80	780.30	809.30	716.50	814.20	746.40	870.00	814.20
24 REPAIR HERNIA	427.50	434.20	427.50	508.90	522.50	450.00	513.00	510.00	542.80	542.80
25 CYSTOSCOPY	59.00	59.00	59.00	59.00	65.00	50.00	57.00	58.10	67.90	60.00
26 DILATION OF URETHRA	28.50	28.50	28.50	28.50	30.00	21.70	23.10	23.00	21.70	30.00
27 PROSTATECTOMY						1085.60	1085.60	1085.60	1131.10	1139.90
28 ELECTROSECTION OF PROSTATE						922.80	1085.60	868.50	1153.50	1139.90
29 HYSTERECTOMY						900.00	916.00	916.00	949.90	1025.90
30 EXTRACTION OF LENS						822.30	900.00	949.90	1067.00	1000.00
31 X-RAY CHEST	21.70	20.40	21.70	21.70	20.40	16.00	20.00	20.00	20.00	20.00
32 X-RAY SPINE	35.30	32.00	33.90	38.50	33.90	28.00	33.25	35.70	36.00	35.70
33 X-RAY HIP	33.00	35.00	35.00	31.50	33.25	28.00	35.00	35.00	30.00	35.70
34 X-RAY STOMACH	65.00	65.00	65.00	60.00	65.00	56.00	66.50	68.00	60.00	65.00
35 X-RAY COLON	60.00	60.00	60.00	54.30	60.00	48.90	61.00	61.10	59.00	60.00
36 COBALT						30.10	30.10	30.10	30.10	30.10
37 RADIOGRAPHY						38.00	38.00	40.00	38.00	40.00
38 HEMOGLOBIN										
39 WHITE CELL COUNT										
40 COMPLETE BLOOD COUNT										
41 CHOLESTEROL BLOOD COUNT										
42 HEMATOCRIT										
43 PROTHROMBIN										
44 SEDIMENTATION RATE										
45 BLOOD SUGAR										
46 BUN UREA NITROGEN										
47 PAP TEST										
48 URINALYSIS										
49 ELECTROCARDIOGRAM	26.50	30.00	30.00	28.50	28.50	27.10	28.00	30.00	27.10	29.00
50 ELECTROENCEPHALOGRAPH	60.00	57.00	60.00	57.00	57.00	70.00	70.00	67.90	70.00	65.00

PREVAILING CHARGE SCREENS FOR LABORATORY SERVICES ARE NOT AVAILABLE DUE TO A CHANGE IN METHODOLOGY OF PROCESSING CLAIMS USING THE CODING AND TERMINOLOGY OF THE PATHOLOGY SECTION OF THE 1974 CALIFORNIA RELATIVE VALUE STUDY.

1978 PREVAILING CHARGE SUMMARY DATA

CALIFORNIA

OCCIDENTAL LIFE INSURANCE CO.

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

PSRO-20 PSRO-21 PSRO-22 PSRO-23 PSRO-24

PSRO-20 PSRO-21 PSRO-22 PSRO-23 PSRO-24

01 INITIAL LIMITED OFFICE VISIT	20.00	20.00	21.70	21.70	20.00	25.00	27.10	27.10	20.00	24.40	01
02 INITIAL COMP OFFICE VISIT	65.00	65.00	65.00	67.90	60.00	67.90	65.00	67.90	74.60	67.90	02
03 MINIMAL OFFICE VISIT	8.00	10.00	9.00	10.00	8.00	10.00	10.00	10.00	8.00	10.90	03
04 ROUTINE BRIEF OFFICE VISIT	13.60	13.60	13.60	13.60	13.50	16.30	16.30	20.00	15.00	15.00	04
05 ROUTINE BRIEF HOME VISIT	20.00	27.10	27.10	21.70	20.00	27.00	27.10	30.00	25.00	25.00	05
06 INITIAL BRIEF HOSPITAL VISIT	45.00	47.50	47.50	47.50	47.50	30.00	40.00	30.00	40.00	40.00	06
07 INITIAL COMP HOSPITAL VISIT	70.00	67.90	67.90	67.90	67.90	67.90	67.90	67.90	80.00	71.20	07
08 ROUTINE BRIEF HOSPITAL VISIT	20.00	20.00	20.00	17.00	18.00	20.00	20.00	22.50	18.00	20.00	08
09 BIOPSY SKIN	33.90	35.00	35.00	33.90	33.90	35.70	40.00	35.70	40.70	40.70	09
10 RADICAL MASTECTOMY						1017.75	977.00	1080.00	1017.75	1080.00	10
11 REDUCTION OF FRACTURE	20.00	20.00	20.00	20.00	20.00	1240.80	1268.80	1364.90	1251.20	1289.20	11
12 ARTHROTOMY	24.60	22.10	19.70	20.75	21.70	20.90	26.10	26.10	26.10	20.90	12
13 NEEDLE PUNCTURE OF BURSA						225.00	204.20	210.00	183.80	175.00	13
14 BRONCHOSCOPY	40.00	40.70	43.00	37.40	35.00	45.00	45.00	45.00	45.00	45.00	14
15 THORACENTESIS						375.00	375.00	375.00	375.00	375.00	15
16 CATHETERIZATION											16
17 INSERTION OF PACEMAKER											17
18 BLOOD TRANSFUSION	20.00	20.00	20.00	20.00	20.00	1203.00	1275.00	1260.00	1200.00	1170.00	18
19 COLECTOMY	434.20	434.20	475.00	435.80	473.10	488.50	488.50	510.50	488.50	542.80	19
20 APPENDECTOMY	34.50	34.50	36.30	32.60	29.50	37.60	36.60	41.80	41.80	37.60	20
21 SIGMOIDECTOMY	360.00	360.00	360.00	360.00	360.00	407.10	407.10	408.40	407.10	475.00	21
22 HEMORRHOIDECTOMY	800.00	814.20	814.20	746.40	814.20	882.10	895.60	916.00	814.20	900.00	22
23 CHOLECYSTECTOMY	505.40	542.80	542.80	488.50	475.00	542.80	569.90	610.70	560.00	585.00	23
24 REPAIR HERNIA	59.00	60.00	59.00	60.00	49.20	67.90	69.00	74.00	67.90	61.10	24
25 CYSTOSCOPY	29.00	28.50	28.50	22.50	20.00	23.10	20.40	20.40	25.00	20.40	25
26 DILATION OF URETHRA						1122.90	1085.60	1250.00	1119.50	1085.60	26
27 PROSTATECTOMY						1122.90	1085.60	1221.30	1085.60	1085.60	27
28 ELECTROSECTOMY OF PROSTATE						1153.50	1200.00	949.90	977.00	949.90	28
29 HYSTERECTOMY						1174.75	949.90	1174.75	1085.60	1000.00	29
30 EXTRACTION OF LENS						20.00	20.40	20.00	22.00	20.40	30
31 X-RAY CHEST	20.00	20.00	20.00	20.00	20.00	33.00	36.00	40.00	42.00	43.00	31
32 X-RAY SPINE	36.00	32.00	31.00	31.00	30.00	33.00	35.00	40.00	42.00	43.00	32
33 X-RAY HIP	32.60	38.00	27.10	33.90	32.60	65.00	66.00	65.70	71.00	72.60	33
34 X-RAY STOMACH	65.00	65.00	65.00	67.00	60.80	65.00	66.00	65.70	71.00	72.60	34
35 X-RAY COLON	53.00	57.00	60.00	55.00	62.00	60.00	61.00	61.00	61.00	65.00	35
36 COBALT						30.10	35.00	30.10	30.10	30.10	36
37 RADIOGRAPHY						38.00	40.00	38.00	40.00	40.00	37
38 HEMOGLOBIN											38
39 WHITE CELL COUNT											39
40 COMPLETE BLOOD COUNT											40
41 CHOLESTEROL BLOOD COUNT											41
42 HEMATOOCRIT											42
43 PROTHROMBIN											43
44 SEDIMENTATION RATE											44
45 BLOOD SUGAR											45
46 BUN UREA NITROGEN											46
47 PAP TEST											47
48 URINALYSIS											48
49 ELECTROCARDIOGRAM	28.50	30.00	28.50	29.90	27.10	25.00	27.50	27.10	27.10	27.10	49
50 ELECTROENCEPHALOGRAPH	57.00	57.00	57.00	73.20	57.00	60.00	70.00	80.00	70.00	67.90	50

PREVAILING CHARGE SCREENS FOR LABORATORY SERVICES ARE NOT AVAILABLE DUE TO A CHANGE IN
METHODOLOGY OF PROCESSING CLAIMS USING THE CODING AND TERMINOLOGY OF THE PATHOLOGY
SECTION OF THE 1974 CALIFORNIA RELATIVE VALUE STUDY.

1978 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.

CALIFORNIA

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PSRO-25 PSRO-26 PSRO-27 PSRO-28

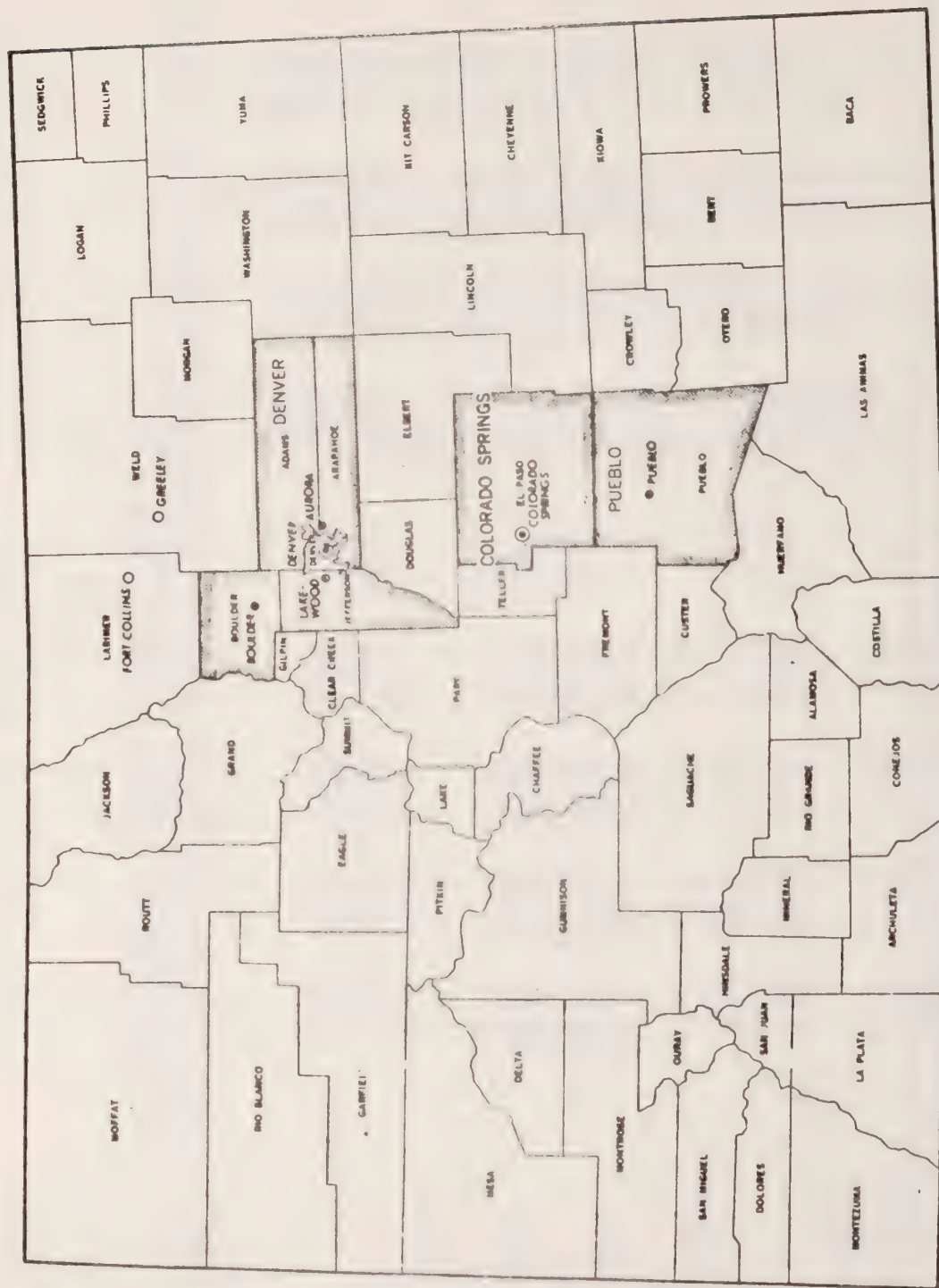
PSRO-25 PSRO-26 PSRO-27 PSRO-28

PROCEDURE DESCRIPTION

01 INITIAL LIMITED OFFICE VISIT	22.00	20.00	20.40	21.70	22.00	24.40	20.00	20.00	01
02 INITIAL COMP OFFICE VISIT	60.00	67.90	70.00	65.10	67.90	67.90	67.90	70.00	02
03 MINIMAL OFFICE VISIT	13.60	10.00	9.60	9.50	10.00	9.00	5.00	8.50	03
04 ROUTINE BRIEF OFFICE VISIT	15.00	13.60	10.90	12.20	20.00	16.30	12.00	12.00	04
05 ROUTINE BRIEF HOME VISIT	27.10	25.50	20.40	21.50	25.00	30.00	25.00	23.10	05
06 INITIAL BRIEF HOSPITAL VISIT	40.00	47.50	33.90	36.60	50.00	40.00	45.00	33.90	06
07 INITIAL COMP HOSPITAL VISIT	71.20	67.90	65.10	65.10	69.20	81.40	67.90	74.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	20.00	17.60	13.60	13.60	20.00	20.00	13.00	15.75	08
09 BIOPSY SKIN	35.00	33.90	30.00	35.00	45.00	45.00	35.70	42.10	09
10 RADICAL MASTECTOMY					1080.00	1072.00	977.00	977.00	10
11 REDUCTION OF FRACTURE					1425.90	1251.20	1137.40	1194.20	11
12 ARTHROTOMY	20.00	20.00	20.00	17.00	18.00	15.00	20.00	20.00	12
13 NEEDLE PUNCTURE OF BURSA	15.00	20.75	22.50	19.70	25.60	26.10	25.10	22.50	13
14 BRONCHOSCOPY	43.00	43.00	34.60	34.60	210.00	183.20	171.00	183.20	14
15 THORACENTESIS					45.00	45.00	45.00	45.00	15
16 CATHETERIZATION					350.00	375.00	375.00	375.00	16
17 INSERTION OF PACEMAKER									17
18 BLOOD TRANSFUSION	20.00	20.00	20.00	20.00	1500.00	1139.90	977.00	977.00	18
19 COLECTOMY	500.00	443.50	434.20	434.20	510.50	488.50	488.50	477.00	19
20 APPENDECTOMY	30.00	32.60	30.00	32.60	45.00	34.50	36.50	31.40	20
21 SIGMOIDECTOMY	360.00	360.00	360.00	360.00	450.00	407.10	407.10	366.40	21
22 HEMORRHOIDECTOMY	870.00	732.80	725.00	732.80	1000.00	787.10	797.50	787.10	22
23 CHOLECYSTECTOMY	560.00	488.50	427.50	490.00	678.50	488.50	461.40	490.00	23
24 REPAIR HERNIA	59.00	62.25	59.00	59.00	81.40	63.40	57.00	58.10	24
25 CYSTOSCOPY	28.50	28.50	28.50	30.00	18.00	25.00	25.00	21.00	25
26 DILATION OF URETHRA					1300.00	1085.60	1000.00	980.00	26
27 PROSTATECTOMY					1248.40	1058.50	949.90	977.00	27
28 ELECTROSECTION OF PROSTATE					1017.75	949.90	916.00	882.10	28
29 HYSTERECTOMY					1153.50	907.80	882.10	900.00	29
30 EXTRACTION OF LENS					23.10	20.00	17.60	19.00	30
31 X-RAY CHEST	21.00	20.00	18.50	20.00	32.50	35.00	30.00	32.00	31
32 X-RAY SPINE	38.00	31.00	33.90	30.00	33.90	35.00	29.90	32.00	32
33 X-RAY HIP	30.00	33.90	35.00	33.90	68.50	65.80	61.10	62.00	33
34 X-RAY STOMACH	65.00	66.50	65.00	64.00	70.00	60.50	54.00	60.00	34
35 X-RAY COLON	60.00	61.10	60.00	62.00	30.10	30.10	30.10	30.10	35
36 COBALT					38.00	38.00	40.00	38.00	36
37 RADIOGRAPHY									37
38 HEMOGLOBIN									38
39 WHITE CELL COUNT									39
40 COMPLETE BLOOD COUNT									40
41 CHOLESTEROL BLOOD COUNT									41
42 HEMATOCRIT									42
43 PROTHROMBIN									43
44 SEDIMENTATION RATE									44
45 BLOOD SUGAR									45
46 BUN UREA NITROGEN									46
47 PAP TEST									47
48 URINALYSIS									48
49 ELECTROCARDIOGRAM	27.10	29.20	25.00	28.00	25.00	27.10	25.00	26.00	49
50 ELECTROENCEPHALOGRAPH	75.00	57.00	57.00	57.00	80.00	67.90	77.40	67.90	50

PREVAILING CHARGE SCREENS FOR LABORATORY SERVICES ARE NOT AVAILABLE DUE TO A CHANGE IN METHODOLOGY OF PROCESSING CLAIMS USING THE CODING AND TERMINOLOGY OF THE PATHOLOGY SECTION OF THE 1974 CALIFORNIA RELATIVE VALUE STUDY.

COLORADO

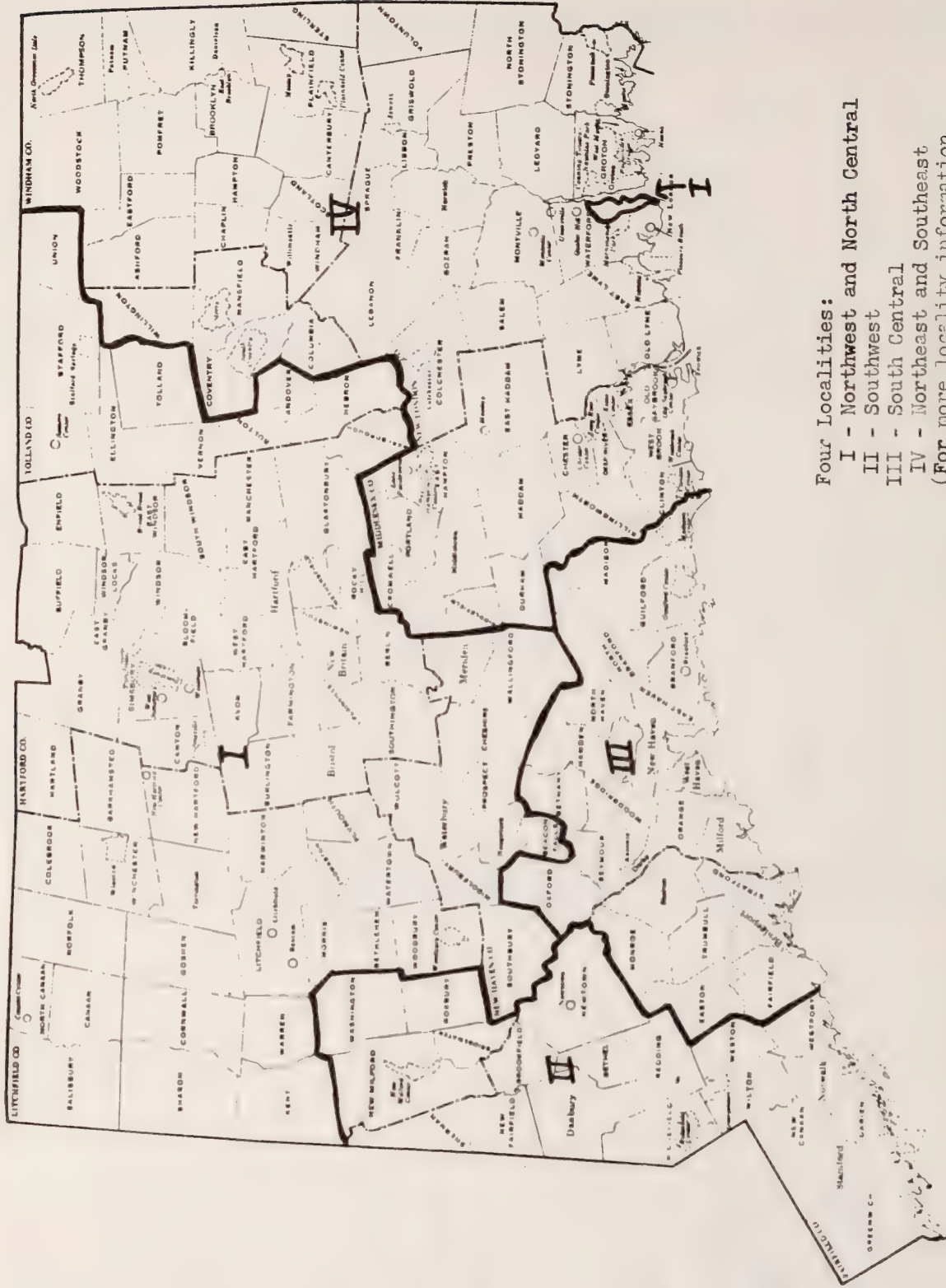


One Locality - Statewide

1978 PREVAILING CHARGE SUMMARY DATA COLORADO MEDICAL SERVICE COLORADO
LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE
01 INITIAL LIMITED OFFICE VISIT	12.00	15.00
02 INITIAL COMP OFFICE VISIT	42.00	50.00
03 MINIMAL OFFICE VISIT	7.00	6.00
04 ROUTINE BRIEF OFFICE VISIT	8.20	10.20
05 ROUTINE BRIEF HOME VISIT	15.00	16.30
06 INITIAL BRIEF HOSPITAL VISIT	30.00	30.00
07 INITIAL COMP HOSPITAL VISIT	45.00	52.50
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.80
09 BIOPSY SKIN	20.00	14.40
10 RADICAL MASTECTOMY	650.00	650.00
11 REDUCTION OF FRACTURE	704.00	704.00
12 ARTHROTOMY	16.80	20.40
13 NEEDLE PUNCTURE OF BURSA	20.00	20.00
14 BRONCHOSCOPY	122.00	125.00
15 THORACENTESIS	25.00	35.00
16 CATHETERIZATION	160.00	169.70
17 INSERTION OF PACEMAKER	540.00	540.00
18 BLOOD TRANSFUSION	6.00	6.00
19 COLECTOMY	651.60	651.60
20 APPENDECTOMY	300.00	300.00
21 SIGMOIDOSCOPY	20.40	21.00
22 HEMORRHOIDECTOMY	245.00	225.00
23 CHOLECYSTECTOMY	570.10	570.10
24 REPAIR HERNIA	255.00	285.00
25 CYSTOSCOPY	48.90	48.90
26 DILATION OF URETHRA	15.00	13.60
27 PROSTATECTOMY	610.90	610.90
28 ELECTROSECTION OF PROSTATE	610.90	610.90
29 HYSTERECTOMY	650.00	640.00
30 EXTRACTION OF LENS	600.00	570.00
31 X-RAY CHEST	15.50	11.00
32 X-RAY SPINE	30.00	27.00
33 X-RAY HIP	20.00	13.50
34 X-RAY STOMACH	49.00	45.00
35 X-RAY COLON	37.50	40.00
36 COBALT	19.00	19.00
37 RADIOTHERAPY	19.00	19.00
38 HEMOGLOBIN	3.00	2.00
39 WHITE CELL COUNT	3.00	3.00
40 COMPLETE BLOOD COUNT	8.00	7.00
41 CHOLESTEROL BLOOD COUNT	8.40	8.00
42 HEMATOCRIT	3.50	3.00
43 PROTHROMBIN	5.10	5.00
44 SEDIMENTATION RATE	4.00	4.00
45 BLOOD SUGAR	8.00	8.50
46 BUN UREA NITROGEN	8.40	8.00
47 PAP TEST	8.00	7.00
48 URINALYSIS	4.00	4.00
49 ELECTROCARDIOGRAM	20.00	20.00
50 ELECTROENCEPHALOGRAPH	50.00	47.50

CONNECTICUT



Four Localities:

- I - Northwest and North Central
 - II - Southwest
 - III - South Central
 - IV - Northeast and Southeast
- (For more locality information see Appendix A)

1978 PREVAILING CHARGE SUMMARY DATA CONNECTICUT GENERAL LIFE INS.

PROCEDURE DESCRIPTION	CONNECTICUT				CONNECTICUT			
	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST		LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	I	II	III	IV	I	II	III	IV
01 INITIAL LIMITED OFFICE VISIT	20.00	20.00	18.00	20.00	20.00	25.00	20.30	20.30
02 INITIAL COMP OFFICE VISIT	33.90	35.00	25.00	27.10	40.00	40.70	40.00	33.90
03 MINIMAL OFFICE VISIT	5.00	8.00	6.80	5.40	6.80	6.80	6.80	6.80
04 ROUTINE BRIEF OFFICE VISIT	12.20	13.60	13.00	10.80	13.60	16.30	13.60	13.60
05 ROUTINE BRIEF HOME VISIT	16.30	20.30	15.00	16.30	20.00	25.00	20.30	16.30
06 INITIAL BRIEF HOSPITAL VISIT	27.10	27.00	27.00	27.00	33.90	25.00	25.00	25.00
07 INITIAL COMP HOSPITAL VISIT	33.90	33.90	35.00	33.90	48.40	47.50	47.50	33.90
08 ROUTINE BRIEF HOSPITAL VISIT	13.60	13.60	13.60	13.60	13.60	20.00	13.60	13.60
09 BIOPSY SKIN	30.00	26.40*	30.00	30.00	30.00	40.00	30.00	30.00
10 RADICAL MASTECTOMY	600.00	616.00*	609.00*	560.00*	600.00	630.00	630.00	630.00
11 REDUCTION OF FRACTURE	750.00	704.00*	696.00*	640.00*	750.00	750.00	750.00	575.00
12 ARTHROTOMY	17.00	17.00	20.30	17.00	17.00	17.00	20.00	17.00
13 NEEDLE PUNCTURE OF BURSA	17.00	15.00	17.00	17.00	17.00	20.00	17.00	20.30
14 BRONCHOSCOPY	132.00*	132.00*	130.50*	120.00*	169.60	203.60	200.00	175.00
15 THORACENTESIS	40.70	33.90	33.90	27.10	40.70	67.90	40.00	27.10
16 CATHETERIZATION	308.00*	308.00*	304.50*	280.00*	203.60	350.00	271.40	374.50*
17 INSERTION OF PACEMAKER	880.00*	880.00*	870.00*	800.00*	1180.00*	1660.00*	1170.00*	1070.00*
18 BLOOD TRANSFUSION	15.50*	17.60*	17.40*	16.90*	19.00*	21.20*	20.80*	18.60*
19 COLECTOMY	720.00	704.00*	696.00*	640.00*	720.00	850.00	882.10	635.00
20 APPENDECTOMY	330.00	352.00*	348.00*	320.00*	330.00	360.00	360.00	339.30
21 SIGMOIDOSCOPY	25.00	30.00	25.00	25.00	25.00	25.00	27.10	25.00
22 HEMORRHOIDECTOMY	285.00	264.00*	261.00*	240.00*	285.00	300.00	312.10	275.00
23 CHOLECYSTECTOMY	540.00	528.00*	522.00*	480.00*	542.80	678.50	610.70	542.80
24 REPAIR HERNIA	315.00	308.00*	304.50*	280.00*	315.00	440.00	390.00	300.00
25 CYSTOSCOPY	44.00*	44.00*	60.00	60.00	65.00	65.00	60.00	54.20
26 DILATION OF URETHRA	20.00	20.30	26.10*	24.00*	20.00	20.30	20.30	25.00
27 PROSTATECTOMY	704.00*	704.00*	696.00*	640.00*	651.40	829.70	800.00	610.70
28 ELECTROSECTION OF PROSTATE	704.00*	704.00*	690.00*	678.50	651.40	800.00	678.50	678.50
29 HYSTERECTOMY	616.00*	616.00*	609.00*	560.00*	600.00	650.00	675.00	610.70
30 EXTRACTION OF LENS	704.00*	704.00*	696.00*	640.00*	678.50	949.70	678.50	600.00
31 X-RAY CHEST	15.00	15.00	22.00	20.30	24.00	25.00	22.00	25.00
32 X-RAY SPINE	30.00	37.00	39.00	33.00	36.00	40.00	38.00	34.00
33 X-RAY HIP	36.40*	32.00*	30.00	32.00	33.00	32.00	30.00	32.00
34 X-RAY STOMACH	59.40	60.00	60.00	48.00*	60.00	71.90	55.00	50.00
35 X-RAY COLON	60.00	67.00	65.00	40.00*	60.00	67.00	61.00	50.00
36 COBALT	24.90*	28.50*	25.10*	24.00*	16.30	20.30	20.30	25.00
37 RADIOTHERAPY	36.40*	38.00*	34.80*	32.00*	15.00	15.80	17.00	15.80
38 HEMOGLOBIN	3.00	3.00	6.00	3.00	2.50	3.50	5.00	3.00
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	2.50	3.50	3.00	2.50
40 COMPLETE BLOOD COUNT	7.00	11.00	10.00	10.00	8.00	10.00	9.00	8.40
41 CHOLESTEROL BLOOD COUNT	6.60	7.00	8.00	7.00	6.00	5.00	6.00	6.00
42 HEMATOCRIT	3.00	2.50	2.50	2.50	3.00	4.00	3.00	2.50
43 PROTHROMBIN	5.00	5.00	5.00	5.60*	5.50	5.00	5.00	5.00
44 SEDIMENTATION RATE	4.00	6.00	5.00	5.00	3.50	5.00	3.50	3.00
45 BLOOD SUGAR	5.50	5.00	6.00	5.50	5.00	5.00	5.00	5.50
46 BUN UREA NITROGEN	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00
47 PAP TEST	6.00	5.00	5.00	5.25	6.00	10.00	6.00	10.00
48 URINALYSIS	3.00	5.00	4.00	3.60	3.60	5.00	5.60	4.00
49 ELECTROCARDIOGRAM	20.20	20.30	20.00	20.00	20.00	24.50	20.00	20.00
50 ELECTROENCEPHALOGRAPH	65.00*	60.00*	60.90*	56.00*	58.60	60.00	54.20	54.60*

DELAWARE



One Locality - Statewide

1978 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF DELAWARE

DELAWARE

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE	LOCALITY DESIGNATION FOR SPECIALIST	SINGLE
01 INITIAL LIMITED OFFICE VISIT			30.00
02 INITIAL COMP OFFICE VISIT			30.00
03 MINIMAL OFFICE VISIT			9.50
04 ROUTINE BRIEF OFFICE VISIT			12.00
05 ROUTINE BRIEF HOME VISIT			13.60
06 INITIAL BRIEF HOSPITAL VISIT			27.10
07 INITIAL COMP HOSPITAL VISIT			30.00
08 ROUTINE BRIEF HOSPITAL VISIT			9.50
09 BIOPSY SKIN			27.80
10 RADICAL MASTECTOMY			526.50*
11 REDUCTION OF FRACTURE			510.30*
12 ARTHROTOMY			20.30
13 NEEDLE PUNCTURE OF BURSA			18.50
14 BRONCHOSCOPY			113.40*
15 THORACENTESIS			24.30*
16 CATHETERIZATION			121.50*
17 INSERTION OF PACEMAKER			289.00
18 BLOOD TRANSFUSION			16.20*
19 COLECTOMY			639.90*
20 APPENDECTOMY			291.60*
21 SIGMOIDOSCOPY			20.00
22 HEMORRHOIDECTOMY			231.40
23 CHOLECYSTECTOMY			437.40*
24 REPAIR HERNIA			291.60*
25 CYSTOSCOPY			48.60*
26 DILATION OF URETHRA			10.80
27 PROSTATECTOMY			518.40*
28 ELECTROSECTION OF PROSTATE			502.20*
29 HYSTERECTOMY			587.25*
30 EXTRACTION OF LENS			494.10*
31 X-RAY CHEST			15.00
32 X-RAY SPINE			25.00
33 X-RAY HIP			27.00
34 X-RAY STOMACH			18.00
35 X-RAY COLON			58.00
36 COBALT			15.00
37 RADIOTHERAPY			15.00
38 HEMOGLOBIN			2.80
39 WHITE CELL COUNT			2.80
40 COMPLETE BLOOD COUNT			8.00
41 CHOLESTEROL BLOOD COUNT			7.10
42 HEMATOCRIT			2.80
43 PROTHROMBIN			6.00
44 SEDIMENTATION RATE			5.00
45 BLOOD SUGAR			5.00
46 BUN UREA NITROGEN			5.00
47 PAP TEST			6.80
48 URINALYSIS			3.00
49 ELECTROCARDIOGRAM			20.00
50 ELECTROENCEPHALOGRAPH			75.00

DISTRICT OF COLUMBIA

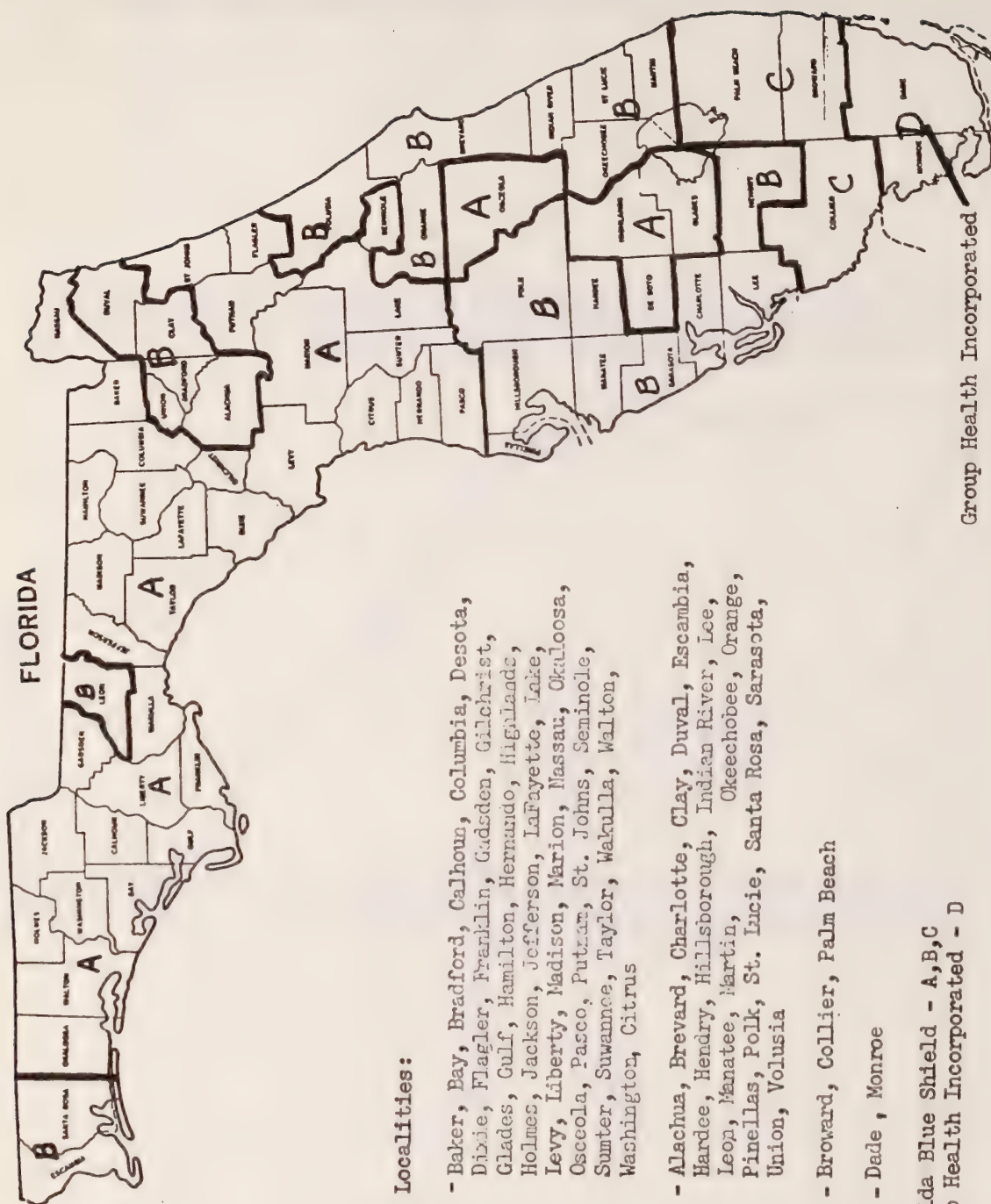


One Locality:

Washington Metropolitan Area, includes Washington, D.C.; Prince Georges and Montgomery Counties in Maryland; Fairfax and Arlington Counties in Virginia and the city of Alexandria, Virginia

1978 PREVAILING CHARGE SUMMARY DATA MEDICAL SERVICE OF D.C. WASHINGTON D.C.

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE	LOCALITY DESIGNATION FOR SPECIALIST
	SINGLE	SINGLE
01 INITIAL LIMITED OFFICE VISIT	15.00	20.00
02 INITIAL COMP OFFICE VISIT	48.00	54.20
03 MINIMAL OFFICE VISIT	13.00	13.60
04 ROUTINE BRIEF OFFICE VISIT		
05 ROUTINE BRIEF HOME VISIT	15.00	18.00
06 INITIAL BRIEF HOSPITAL VISIT	20.00	20.00
07 INITIAL COMP HOSPITAL VISIT	60.00	67.90
08 ROUTINE BRIEF HOSPITAL VISIT	13.60	16.30
09 BIOPSY SKIN	51.50*	50.50*
10 RADICAL MASTECTOMY	824.00*	678.50
11 REDUCTION OF FRACTURE	721.00*	678.50
12 ARTHROTOMY	20.00	25.00
13 NEEDLE PUNCTURE OF BURSA	20.30*	30.30*
14 BRONCHOSCOPY	154.50*	151.50*
15 THORACENTESIS	51.50*	50.50*
16 CATHETERIZATION	61.80*	68.80
17 INSERTION OF PACEMAKER	618.00*	980.00
18 BLOOD TRANSFUSION	20.60*	20.20*
19 COLECTOMY	1030.00*	1000.00
20 APPENDECTOMY	360.50*	339.25
21 SIGMOIDOSCOPY	25.00	33.90
22 HEMORRHOIDECTOMY	360.50*	350.00
23 CHOLECYSTECTOMY	618.00*	556.40
24 REPAIR HERNIA	412.00*	400.00
25 CYSTOSCOPY	82.40*	100.00
26 DILATION OF URETHRA	20.30	20.30
27 PROSTATECTOMY	772.50*	814.20
28 ELECTROSECTION OF PROSTATE	772.50*	850.00
29 HYSTERECTOMY	875.50*	678.50
30 EXTRACTION OF LENS	772.50*	712.40
31 X-RAY CHEST	16.50	16.30
32 X-RAY SPINE	29.00	35.00
33 X-RAY HIP	20.00	26.00
34 X-RAY STOMACH	50.00	61.00
35 X-RAY COLON	47.50	58.00
36 COBALT	25.00*	24.00
37 RADIO THERAPY	21.80*	14.25
38 HEMOGLOBIN	5.00	5.00
39 WHITE CELL COUNT	3.50	6.00
40 COMPLETE BLOOD COUNT	8.00	8.00
41 CHOLESTEROL BLOOD COUNT	7.00	6.50
42 HEMATOCRIT	3.50	4.00
43 PROTHROMBIN	7.00	6.00
44 SEDIMENTATION RATE	5.00	4.00
45 BLOOD SUGAR	6.00	6.00
46 BUN UREA NITROGEN	6.00	6.00
47 PAP TEST	8.20	8.20
48 URINALYSIS	4.00	4.00
49 ELECTROCARDIOGRAM	25.00	25.00
50 ELECTROENCEPHALOGRAPH	51.25*	54.20



Four Localities:

B - Alachua, Brevard, Charlotte, Clay, Duval, Escambia,
Hardee, Hendry, Hillsborough, Indian River, Lee,
Leon, Manatee, Martin, Okeechobee, Orange,
Pinellas, Polk, St. Lucie, Santa Rosa, Sarasota,
Union, Volusia

C - Broward, Collier, Palm Beach

D - Dade, Monroe

Florida Blue Shield - A,B,C
Group Health Incorporated - D

1978 PREVAILING CHARGE SUMMARY DATA B/S OF FLORIDA

FLORIDA

COMBINED LOCALITY DESIGNATION

PROCEDURE DESCRIPTION	AREA A	AREA B	AREA C
01 INITIAL LIMITED OFFICE VISIT	22.00	25.00	31.00
02 INITIAL COMP OFFICE VISIT	22.00	25.00	31.00
03 MINIMAL OFFICE VISIT	6.40	7.60	6.00
04 ROUTINE BRIEF OFFICE VISIT	10.00	13.60	13.60
05 ROUTINE BRIEF HOME VISIT	15.00	20.00	25.00
06 INITIAL BRIEF HOSPITAL VISIT	35.00	47.50	50.00
07 INITIAL COMP HOSPITAL VISIT	35.00	47.50	50.00
08 ROUTINE BRIEF HOSPITAL VISIT	14.90	15.00	20.00
09 BIOPSY SKIN	26.70	27.70	29.60
10 RADICAL MASTECTOMY	800.00	750.00	888.80
11 REDUCTION OF FRACTURE	814.20	814.20	1017.75
12 ARTHROTOMY	19.00	20.00	20.00
13 NEEDLE PUNCTURE OF BURSA	16.70	17.20	15.00
14 BRONCHOSCOPY	160.00	169.60	169.60
15 THORACENTESIS	30.10	31.10	33.40
16 CATHETERIZATION	250.00	250.00	250.00
17 INSERTION OF PACEMAKER	746.40	814.20	900.00
18 BLOOD TRANSFUSION			
19 COLECTOMY	678.50	746.40	888.80
20 APPENDECTOMY	387.60	400.00	429.60
21 SIGMOIDOSCOPY	26.70	27.70	33.90
22 HEMORRHOIDECTOMY	339.25	375.00	407.10
23 CHOLECYSTECTOMY	542.80	583.50	678.50
24 REPAIR HERNIA	305.30	339.25	407.10
25 CYSTOSCOPY	35.00	47.50	48.20
26 DILATION OF URETHRA	16.00	15.00	20.40
27 PROSTATECTOMY	678.50	746.40	851.80
28 ELECTROSECTION OF PROSTATE	678.50	678.50	916.00
29 HYSTERECTOMY	701.60	725.90	777.70
30 EXTRACTION OF LENS	610.70	678.50	746.40
31 X-RAY CHEST	18.00	16.00	20.00
32 X-RAY SPINE	49.00	45.00	49.00
33 X-RAY HIP	26.00	25.00	26.00
34 X-RAY STOMACH	54.30	55.00	65.00
35 X-RAY COLON	50.00	48.90	55.00
36 COBALT	28.50	28.50	32.00
37 RADIO THERAPY	28.00	28.00	30.00
38 HEMOGLOBIN	4.10	4.10	5.00
39 WHITE CELL COUNT	4.00	4.10	4.00
40 COMPLETE BLOOD COUNT	8.00	9.00	10.00
41 CHOLESTEROL BLOOD COUNT	6.00	6.00	8.00
42 HEMATOCRIT	4.00	4.00	4.10
43 PROTHROMBIN	6.00	6.00	6.80
44 SEDIMENTATION RATE	5.00	5.00	5.00
45 BLOOD SUGAR	5.00	5.00	6.00
46 BUN UREA NITROGEN	6.00	6.00	6.00
47 PAP TEST	9.50	9.00	10.00
48 URINALYSIS	4.00	4.00	5.00
49 ELECTROCARDIOGRAM	20.40	20.40	25.00
50 ELECTROENCEPHALOGRAPH	60.00	60.00	50.00

1978 PREVAILING CHARGE SUMMARY DATA

FLORIDA

GROUP HEALTH INCORPORATED

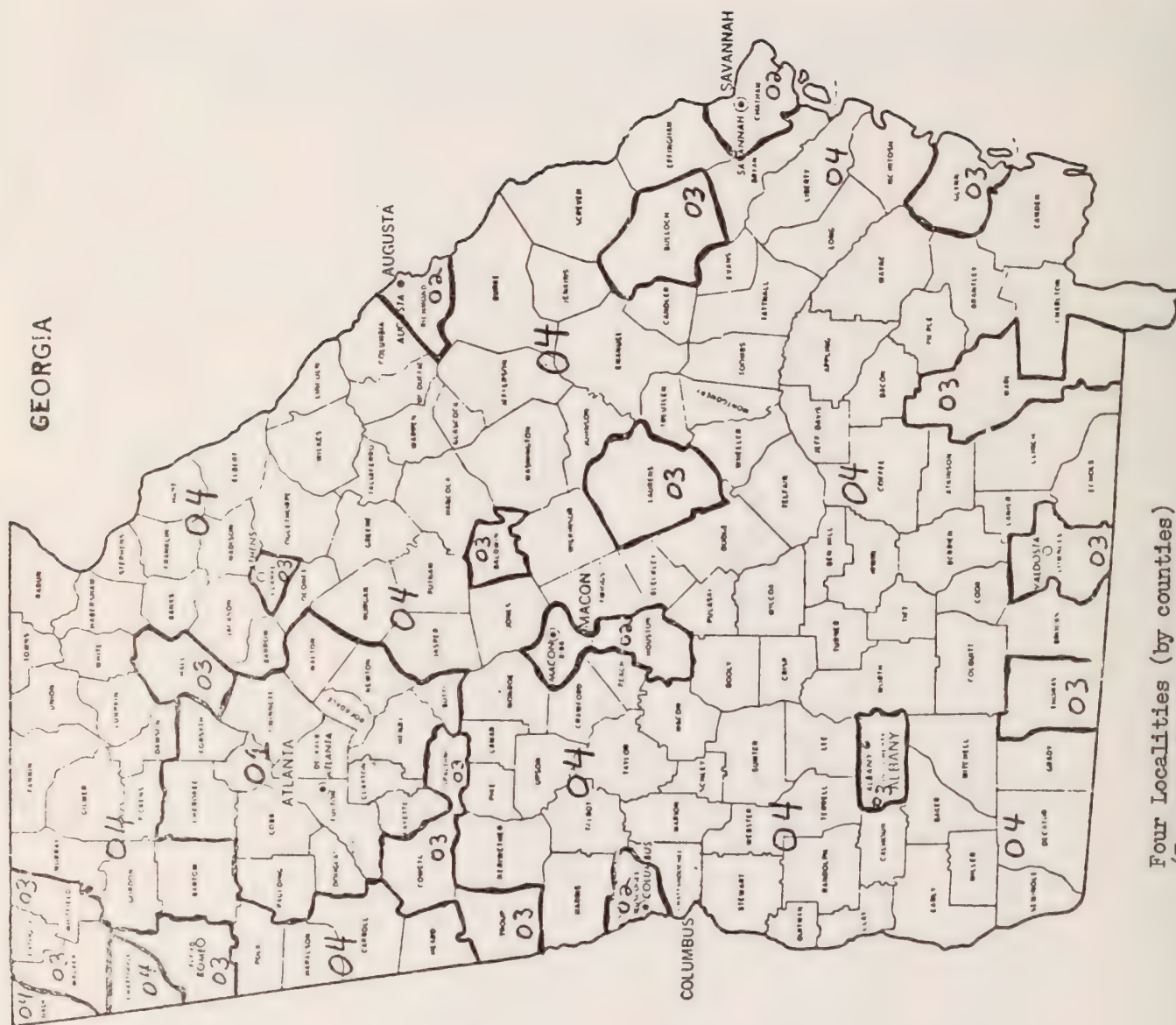
COMBINED LOCALITY DESIGNATION

PROCEDURE DESCRIPTION

SINGLE

01	INITIAL LIMITED OFFICE VISIT	40.00	01
02	INITIAL COMP OFFICE VISIT	40.00	02
03	MINIMAL OFFICE VISIT	16.30	03
04	ROUTINE BRIEF OFFICE VISIT	16.30	04
05	ROUTINE BRIEF HOME VISIT	27.10	05
06	INITIAL BRIEF HOSPITAL VISIT	60.00	06
07	INITIAL COMP HOSPITAL VISIT	60.00	07
08	ROUTINE BRIEF HOSPITAL VISIT	25.00	08
09	BIOPSY SKIN	25.00	09
10	RADICAL MASTECTOMY	917.40	10
11	REDUCTION OF FRACTURE	1070.20	11
12	ARTHROTOMY	20.00	12
13	NEEDLE PUNCTURE OF BURSA	20.00	13
14	BRONCHOSCOPY	169.60	14
15	THORACENTESIS	50.00	15
16	CATHETERIZATION	317.60	16
17	INSERTION OF PACEMAKER	1000.00	17
18	BLOOD TRANSFUSION	20.00	18
19	COLECTOMY	1000.00	19
20	APPENDECTOMY		20
21	SIGMOIDOSCOPY	33.90	21
22	HEMORRHOIDECTOMY	407.10	22
23	CHOLECYSTECTOMY	814.20	23
24	REPAIR HERNIA	412.75	24
25	CYSTOSCOPY	50.00	25
26	DILATION OF URETHRA	20.30	26
27	PROSTATECTOMY	879.10	27
28	ELECTROSECTION OF PROSTATE	916.00	28
29	HYSTERECTOMY	802.70	29
30	EXTRACTION OF LENS	746.40	30
31	X-RAY CHEST	20.00	31
32	X-RAY SPINE	40.00	32
33	X-RAY HIP	27.10	33
34	X-RAY STOMACH	61.00	34
35	X-RAY COLON	61.00	35
36	COBALT	20.00	36
37	RADIOTHERAPY	5.00	37
38	HEMOGLOBIN	5.00	38
39	WHITE CELL COUNT	10.00	39
40	COMPLETE BLOOD COUNT	6.00	40
41	CHOLESTEROL BLOOD COUNT	6.00	41
42	HEMATOCRIT	7.00	42
43	PROTHROMBIN	7.00	43
44	SEDIMENTATION RATE	6.00	44
45	BLOOD SUGAR	6.00	45
46	BUN UREA NITROGEN	6.00	46
47	PAP TEST	10.00	47
48	URINALYSIS	5.00	48
49	ELECTROCARDIOGRAM	25.00	49
50	ELECTROENCEPHALOGRAPH	67.90	50

GEORGIA



Four Localities (by counties)
(For more locality information
see Appendix A)

1978 PREVAILING CHARGE SUMMARY DATA

GEORGIA

PRUDENTIAL INSURANCE COMPANY

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

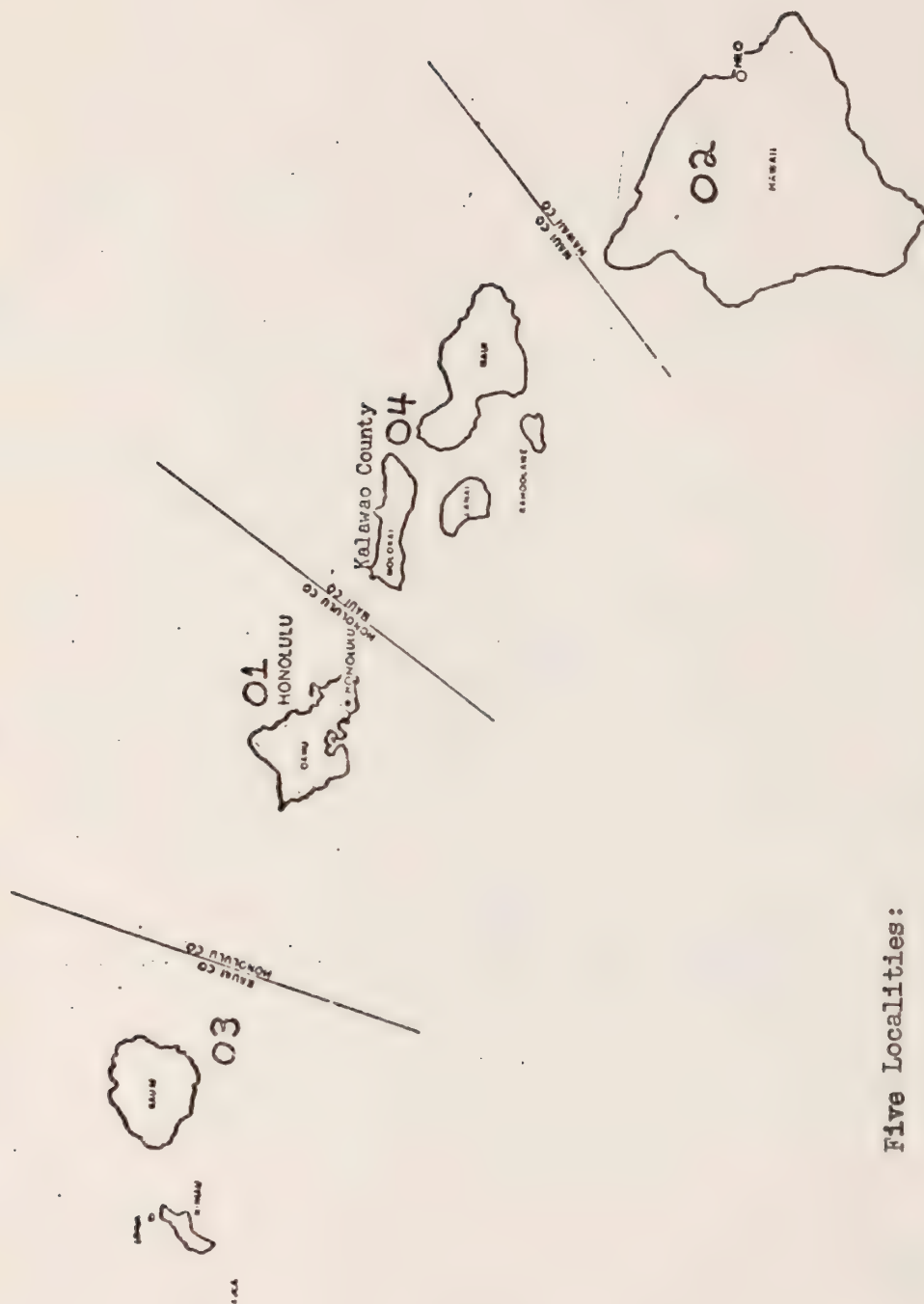
PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04
01 INITIAL LIMITED OFFICE VISIT	15.00	15.00	20.00	10.00	30.00	20.40	20.00	25.00
02 INITIAL COMP OFFICE VISIT	50.00	60.00	40.70	25.00	75.00	47.50	50.00	60.00
03 MINIMAL OFFICE VISIT								
04 ROUTINE BRIEF OFFICE VISIT	9.50	9.50	9.50	6.80	13.60	13.60	10.90	9.50
05 ROUTINE BRIEF HOME VISIT	13.80	13.60	15.00	13.60	19.10	20.00	18.00	12.80
06 INITIAL BRIEF HOSPITAL VISIT	35.00	33.90	33.90	27.10	50.00	47.50	35.00	33.90
07 INITIAL COMP HOSPITAL VISIT	54.30	54.30	40.00	40.00	75.00	55.00	50.00	40.00
08 ROUTINE BRIEF HOSPITAL VISIT	13.60	13.60	10.00	10.00	13.60	13.60	13.60	13.00
09 BIOPSY SKIN	15.00	15.00	20.40	15.00	25.00	20.00	20.00	24.00
10 RADICAL MASTECTOMY	675.00	675.00	675.00	675.00	700.00	750.00	680.00	680.00
11 REDUCTION OF FRACTURE	550.00	542.80	678.50	586.20	759.90	759.90	678.50	678.50
12 ARTHROTOMY	15.00	14.00	10.00	10.00	16.30	15.00	18.00	15.00
13 NEEDLE PUNCTURE OF BURSA	15.00	10.00	15.00	10.00	20.00	16.30	13.60	8.00
14 BRONCHOSCOPY	162.80	150.00	150.00	150.00	175.00	150.00	122.10	122.10
15 THORACENTESIS	33.90	33.90	33.90	33.90	35.00	35.00	35.00	33.90
16 CATHETERIZATION	271.40	250.00	271.40	271.40	271.40	327.00	271.40	271.40
17 INSERTION OF PACEMAKER	698.90	698.90	698.90	689.90	698.90	698.90	698.90	698.90
18 BLOOD TRANSFUSION	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00
19 COLECTOMY	651.40	651.40	651.40	540.00	700.00	650.00	542.80	540.00
20 APPENDECTOMY	305.00	305.00	305.00	305.00	305.00	305.00	305.00	305.00
21 SIGMOIDOSCOPY	25.00	16.30	20.40	20.40	30.00	25.00	25.00	25.00
22 HEMORRHOIDECTOMY	300.00	300.00	332.50	300.00	225.00	225.00	225.00	225.00
23 CHOLECYSTECTOMY	525.80	475.00	475.00	360.00	542.80	488.50	407.10	407.10
24 REPAIR HERNIA	275.00	300.00	271.40	300.00	350.00	305.30	315.00	280.00
25 CYSTOSCOPY	40.70	40.70	40.70	40.70	45.00	40.70	40.70	50.00
26 DILATION OF URETHRA	15.00	15.00	15.00	15.00	13.60	13.60	12.00	13.60
27 PROSTATECTOMY	607.00	607.00	607.00	607.00	607.00	607.00	542.80	607.00
28 ELECTROSECTION OF PROSTATE	660.00	640.00	600.00	670.00	660.00	640.00	600.00	508.90
29 HYSTERECTOMY	610.70	610.70	610.70	610.70	610.70	600.00	600.00	600.00
30 EXTRACTION OF LENS	590.30	590.30	590.30	590.30	597.10	576.70	542.80	542.80
31 X-RAY CHEST	16.30	15.00	17.60	17.50	20.00	20.40	16.00	17.00
32 X-RAY SPINE	25.00	27.00	26.50	27.10	27.10	45.60	30.00	33.00
33 X-RAY HIP	30.00	30.00	30.00	27.10	24.00	32.00	23.10	27.00
34 X-RAY STOMACH	45.00	45.00	45.00	45.00	47.50	55.00	47.50	50.90
35 X-RAY COLON	45.00	45.00	45.00	45.00	40.70	50.00	40.70	50.00
36 COBALT	15.00			15.00	13.50			8.80
37 RADIOTHERAPY	17.30	17.30	18.00	17.30	27.00	33.30	30.00	33.00
38 HEMOGLOBIN	3.00	5.00	3.00	3.00	3.50	4.00	4.00	3.00
39 WHITE CELL COUNT	4.00	4.00	3.00	3.00	3.50	3.00	3.00	3.00
40 COMPLETE BLOOD COUNT	8.00	10.00	7.00	8.00	8.75	10.00	10.00	10.00
41 CHOLESTEROL BLOOD COUNT	7.50	6.00	5.00	6.00	7.00	8.00	5.50	6.00
42 HEMATOCRIT	4.00	4.00	3.00	3.00	7.00	5.00	3.00	3.00
43 PROTHROMBIN	6.00	10.00	5.00	6.00	7.00	8.00	6.00	6.00
44 SEDIMENTATION RATE	6.00	6.00	5.00	6.00	5.00	4.00	4.00	3.00
45 BLOOD SUGAR	6.00	7.00	6.00	6.00	7.00	8.00	6.00	6.00
46 BUN UREA NITROGEN	6.50	6.00	5.00	6.00	6.00	8.00	5.50	10.00
47 PAP TEST	8.00	8.00	8.00	10.00	10.00	7.00	7.00	7.50
48 URINALYSIS	4.00	4.00	4.00	4.00	5.00	5.00	4.50	4.00
49 ELECTROCARDIOGRAM	20.00	20.40	20.00	20.00	20.00	20.40	20.00	20.00
50 ELECTROENCEPHALOGRAPH	50.00	45.00	50.00	50.00	50.00	50.00	50.00	50.00

A map of the island of Guam, showing its various districts and localities. The districts are labeled: Yigo, Dededo, Tamuning, Barrigada, Mongmong-Toto-Maite, Mangilao, Sinajana, Chalan Pago-Ordot, Yona, Asan, Piti, Santa Rita, Agat, Talofono, Inarajan, Merizo, and Umatac. The map also shows the Pacific Ocean to the west and south, and the Mariana Islands to the east. The text 'GUAM' is written vertically on the left side of the map.

99 - Guam - all Part B Claims processed
by Aetna-Hawaii

HAWAII

HAWAII



Five Localities:

- 01 - Honolulu County
- 02 - Hawaii County
- 03 - Maui County
- 04 - Maui County and Kalawao County
- 99 - Guam

1978 PREVAILING CHARGE SUMMARY DATA

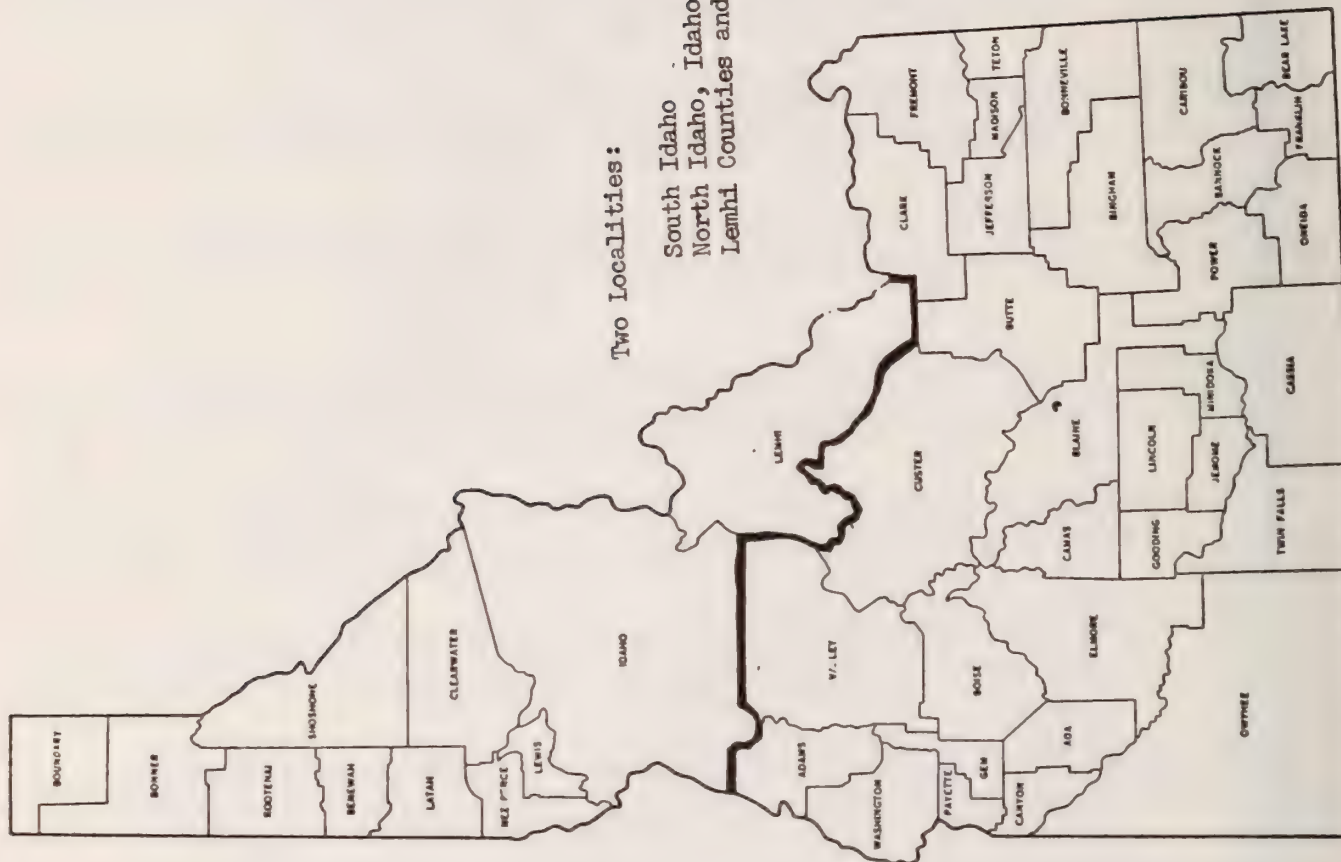
HAWAII

AETNA LIFE AND CASUALTY

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	99	01	02	03	04	99
01 INITIAL LIMITED OFFICE VISIT	15.00	12.20	12.20	12.20	15.00	16.30	16.30	14.25	14.25	14.25
02 INITIAL COMP OFFICE VISIT	49.99	49.99	46.80*	49.99	44.40*	54.20	48.30	57.00*	53.40*	54.60*
03 MINIMAL OFFICE VISIT	8.00	6.24	7.07	5.40	5.92*	8.20	7.70	7.60*	7.70	8.20
04 ROUTINE BRIEF OFFICE VISIT	9.50	8.20	8.20	8.80	6.80	10.80	9.60	9.50	9.50	7.90
05 ROUTINE BRIEF HOME VISIT	20.30	13.60	15.00	15.00	14.80*	20.28	20.28	19.00*	17.80*	18.20*
06 INITIAL BRIEF HOSPITAL VISIT	27.10	24.50	24.50	24.50	21.20	33.90	28.50	28.50	28.50	32.50
07 INITIAL COMP HOSPITAL VISIT	57.00	49.50	54.20	48.80	54.20	67.90	67.90	58.24	58.24	58.24
08 ROUTINE BRIEF HOSPITAL VISIT	10.20	8.20	8.20	8.20	7.50	13.73	13.26	9.50	9.50	8.00
09 BIOPSY SKIN	25.55	25.55	25.55	25.55	28.80*	35.30	25.55	25.55	27.10	35.10*
10 RADICAL MASTECTOMY	700.00*	630.00*	616.00*	637.00*	672.00*	777.00*	679.00*	742.00*	693.00*	819.00*
11 REDUCTION OF FRACTURE	800.00*	720.00*	704.00*	728.00*	768.00*	960.00*	926.00*	944.00*	912.00*	872.00*
12 ARTHROTOMY	28.50	18.00	21.20	18.20	19.20*	30.00	25.40	25.40	24.00	21.80*
13 NEEDLE PUNCTURE OF BURSA	27.10	21.84	21.84	16.30	19.20*	29.70	26.00	28.50	26.00	23.40*
14 BRONCHOSCOPY	150.00*	135.00*	132.00*	136.50*	144.00*	166.50*	145.50*	159.00*	148.50*	175.50*
15 THORACENTESIS	28.50	30.10	26.40*	29.90	28.80*	32.50	26.50	31.80*	29.70	35.10*
16 CATHETERIZATION	350.00*	315.00*	308.00*	318.50*	336.00*	346.50*	353.50*	388.50*	388.50*	388.50*
17 INSERTION OF PACEMAKER	1000.00*	900.00*	880.00*	910.00*	960.00*	990.00*	1010.00*	1110.00*	1110.00*	1110.00*
18 BLOOD TRANSFUSION	20.00*	18.00*	17.60*	18.20*	19.20*	22.20*	19.40*	21.20*	19.80*	23.40*
19 COLECTOMY	760.00	720.00*	704.00*	728.00*	768.00*	868.50	698.88	760.00	790.30	936.00*
20 APPENDECTOMY	400.00*	360.00*	352.00*	364.00*	384.00*	444.00*	388.00*	424.00*	396.00*	468.00*
21 SIGMOIDOSCOPY	28.50	24.50	29.70	28.50	28.50	32.50	26.50	28.50	28.50	35.10*
22 HEMORRHOIDECTOMY	300.00*	270.00*	264.00*	273.00*	288.00*	333.00*	291.00*	318.00*	297.00*	351.00*
23 CHOLECYSTECTOMY	600.00*	540.00*	528.00*	546.00*	576.00*	666.00*	582.00*	636.00*	594.00*	702.00*
24 REPAIR HERNIA	350.00*	315.00*	308.00*	318.50*	336.00*	380.00	305.76	342.70	332.50	409.50*
25 CYSTOSCOPY	50.00*	45.00*	44.00*	45.50*	48.00*	76.00	76.00	50.00*	50.00*	44.00*
26 DILATION OF URETHRA	31.20	27.00*	31.20	31.20	28.80*	31.20	31.20	30.00*	30.00*	26.40*
27 PROSTATECTOMY	800.00*	720.00*	704.00*	728.00*	768.00*	808.00*	840.00*	800.00*	800.00*	704.00*
28 ELECTROSECTION OF PROSTATE	800.00*	720.00*	704.00*	728.00*	768.00*	814.20	763.40	800.00*	800.00*	704.00*
29 HYSTERECTOMY	700.00*	630.00*	616.00*	637.00*	672.00*	763.00*	623.00*	770.00*	686.00*	763.00*
30 EXTRACTION OF LENS	800.00*	720.00*	704.00*	728.00*	768.00*	814.20	707.40	707.40	760.00	707.40
31 X-RAY CHEST	16.30	15.60	17.00*	16.30	16.00*	18.67	14.80	18.20*	17.79	18.20*
32 X-RAY SPINE	32.76	25.74	32.76	25.74	24.00*	33.02	29.02	27.30*	34.20	27.30*
33 X-RAY HIP	28.08	28.08	28.08	28.08	32.00*	32.91	29.02	36.40*	37.20*	36.40*
34 X-RAY STOMACH	51.30	48.80	51.00*	48.80	47.84	61.00	53.10	54.60*	55.80*	54.60*
35 X-RAY COLON	54.20	45.76	42.50*	45.76	40.00*	55.60	55.60	45.50*	46.50*	45.50*
36 COBALT	26.10*	23.10*	25.50*	24.90*	24.00*	27.00*	24.00*	27.30*	27.30*	27.30*
37 RADIOGRAPHY	34.80*	30.80*	34.00*	33.20*	32.00*	36.00*	32.00*	36.40*	37.20*	36.40*
38 HEMOGLOBIN	4.68	4.68	4.68	4.68	3.84*	4.16	4.63	3.56*	4.68	4.68
39 WHITE CELL COUNT	4.68	4.68	4.68	4.68	3.84*	4.79	4.79	3.56*	4.79	3.56*
40 COMPLETE BLOOD COUNT	9.57	7.54	9.20	10.30	9.20	9.15	9.15	10.68*	10.30	9.15
41 CHOLESTEROL BLOOD COUNT	15.60	8.01	8.01	8.01	8.01	8.32	8.32	8.90*	8.32	8.32
42 HEMATOCRIT	4.37	5.60	3.36*	5.60	3.84*	4.16	4.68	3.56*	4.68	4.63
43 PROTHROMBIN	7.28	7.28	5.88*	7.28	6.02*	8.32	9.36	6.23*	9.36	6.23*
44 SEDIMENTATION RATE	5.20	5.20	5.20	5.20	5.20	5.51	5.51	5.34*	5.51	5.34*
45 BLOOD SUGAR	9.36	7.28	10.00	9.36	9.36	7.90	8.32	8.90*	9.36	8.32
46 BUN UREA NITROGEN	9.36	8.32	8.32	8.32	8.32	7.80	7.80	8.90*	7.80	8.32
47 PAP TEST	7.28	7.28	7.28	9.20	7.28	8.32	8.32	8.90*	8.32	8.90*
48 URINALYSIS	3.95	4.06	4.60	4.37	4.06	4.16	4.16	4.45*	4.68	4.16
49 ELECTROCARDIOGRAM	24.50	20.30	21.20	20.30	21.00	27.10	28.50	28.50*	15.60	23.60
50 ELECTROENCEPHALOGRAM	66.50*	55.30*	54.60*	57.40*	51.80*	61.80	72.10*	72.10*	72.10*	72.10*

IDAHO



Two localities:

South Idaho
North Idaho, Idaho and
Lemhi Counties and points north

1978 PREVAILING CHARGE SUMMARY DATA			EQUITABLE LIFE ASSURANCE SOCIETY		IDAHO	
			LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
PROCEDURE DESCRIPTION			11	12	11	12
01 INITIAL LIMITED OFFICE VISIT	13.60	13.60	15.00	16.00	15.00	16.00
02 INITIAL COMP OFFICE VISIT	47.50	47.50	47.50	56.00	47.50	56.00
03 MINIMAL OFFICE VISIT	5.40	6.50	6.80	6.40	6.80	6.40
04 ROUTINE BRIEF OFFICE VISIT	8.20	8.20	10.80	10.20	10.80	10.20
05 ROUTINE BRIEF HOME VISIT	14.90	16.30	20.00	20.40	20.00	20.40
06 INITIAL BRIEF HOSPITAL VISIT	27.10	24.00	33.90	40.00	33.90	40.00
07 INITIAL COMP HOSPITAL VISIT	40.00	40.00	47.50	47.50	47.50	47.50
08 ROUTINE BRIEF HOSPITAL VISIT	8.20	8.20	10.20	10.00	10.20	10.00
09 BIOPSY SKIN	18.00	27.10	23.00	23.00	23.00	23.00
10 RADICAL MASTECTOMY	475.10	475.10	508.50	508.50	508.50	508.50
11 REDUCTION OF FRACTURE	651.60	651.60	651.60	651.60	651.60	651.60
12 ARTHROTOMY	10.00	13.60	14.90	13.60	14.90	13.60
13 NEEDLE PUNCTURE OF BURSA	13.60	14.90	14.70	20.70	14.70	20.70
14 BRONCHOSCOPY	129.00	129.00	129.00	129.00	129.00	129.00
15 THORACENTESIS	50.00	38.40	25.00	21.60	25.00	21.60
16 CATHETERIZATION	175.00	175.00	175.00	175.00	175.00	175.00
17 INSERTION OF PACEMAKER	620.00*	670.00*	680.00*	690.00*	680.00*	690.00*
18 BLOOD TRANSFUSION	10.00	10.00	10.00	10.00	10.00	10.00
19 COLECTOMY	610.90	610.90	678.70	610.90	678.70	610.90
20 APPENDECTOMY	286.10	286.10	313.20	308.70	313.20	308.70
21 SIGMOIDOSCOPY	20.40	25.80	20.40	27.10	20.40	27.10
22 HEMORRHOIDECTOMY	229.70	229.70	235.50	210.60	235.50	210.60
23 CHOLECYSTECTOMY	475.10	464.00	475.10	464.00	475.10	464.00
24 REPAIR HERNIA	237.60	251.10	271.50	270.00	271.50	270.00
25 CYSTOSCOPY	40.00	40.00	40.00	40.00	40.00	40.00
26 DILATION OF URETHRA	12.00	12.00	12.00	12.00	12.00	12.00
27 PROSTATECTOMY	656.50	656.50	659.40	561.50	659.40	561.50
28 ELECTROSECTION OF PROSTATE	543.00	543.00	543.00	543.00	543.00	543.00
29 HYSTERECTOMY	543.00	543.00	543.00	543.00	543.00	543.00
30 EXTRACTION OF LENS	543.00	543.00	509.10	678.70	509.10	678.70
31 X-RAY CHEST	16.00	12.60	15.00	12.60	15.00	12.60
32 X-RAY SPINE	29.90	22.10	30.00	22.10	30.00	22.10
33 X-RAY HIP	19.10	26.00	28.00	28.00	28.00	28.00
34 X-RAY STOMACH	45.00	42.10	46.00	43.40	46.00	43.40
35 X-RAY COLON	45.00	32.50	48.00	48.00	48.00	48.00
36 COBALT	20.00	20.00	15.00	15.00	15.00	15.00
37 RADIOTHERAPY	29.20*	11.20*	34.00*	33.20*	34.00*	33.20*
38 HEMOGLOBIN	4.00	2.50	3.00	3.00	3.00	3.00
39 WHITE CELL COUNT	4.00	3.00	4.00	4.00	4.00	4.00
40 COMPLETE BLOOD COUNT	8.00	8.70	9.00	9.00	9.00	9.00
41 CHOLESTEROL BLOOD COUNT	6.60	6.00	7.00	7.50	7.00	7.50
42 HEMATOCRIT	6.00	2.50	4.00	4.00	4.00	4.00
43 PROTHROMBIN	5.00	8.50	7.00	8.50	7.00	8.50
44 SEDIMENTATION RATE	4.20	3.60	4.00	4.00	4.00	4.00
45 BLOOD SUGAR	7.00	6.00	7.00	6.50	7.00	6.50
46 BUN UREA NITROGEN	7.50	6.00	6.60	6.60	6.60	6.60
47 PAP TEST	10.00	10.00	7.50	12.00	7.50	12.00
48 URINALYSIS	4.75	3.60	5.00	4.00	5.00	4.00
49 ELECTROCARDIOGRAM	20.00	20.40	25.00	24.00	25.00	24.00
50 ELECTROENCEPHALOGRAPH	57.70	58.60	57.70	57.70	57.70	57.70

Sixteen Localities:
Cook County - Health Care
Service Corporation
1-15 - Continental Casualty Co.
(For more locality information
see Appendix A)

1978 PREVAILING CHARGE SUMMARY DATA HEALTH CARE SERVICE CORPORATION ILLINOIS

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	COOK CO	COOK CO
01 INITIAL LIMITED OFFICE VISIT	27.10	35.00
02 INITIAL COMP OFFICE VISIT	50.00	67.90
03 MINIMAL OFFICE VISIT	10.80	13.60
04 ROUTINE BRIEF OFFICE VISIT	20.00	25.00
05 ROUTINE BRIEF HOME VISIT	33.90	47.50
06 INITIAL BRIEF HOSPITAL VISIT	50.00	60.00
07 INITIAL COMP HOSPITAL VISIT	13.60	20.00
08 ROUTINE BRIEF HOSPITAL VISIT	33.90	33.90
09 BIOPSY SKIN	678.50	814.20
10 RADICAL MASTECTOMY	814.20	1017.80
11 REDUCTION OF FRACTURE	20.00	25.00
12 ARTHROTOMY	25.00	25.00
13 NEEDLE PUNCTURE OF BURSA		
14 BRONCHOSCOPY	67.90	67.90
15 THORACENTESIS	248.50	260.00
16 CATHETERIZATION	955.90	949.90
17 INSERTION OF PACEMAKER	25.00	25.00
18 BLOOD TRANSFUSION	814.20	1000.00
19 COLECTOMY	350.00	350.00
20 APPENDECTOMY	33.90	33.90
21 SIGMOIDOSCOPY	339.25	350.00
22 HEMORRHOIDECTOMY	678.50	678.50
23 CHOLECYSTECTOMY	407.10	407.10
24 REPAIR HERNIA		54.20
25 CYSTOSCOPY	15.00	15.00
26 DILATION OF URETHRA	860.30	882.10
27 PROSTATECTOMY	678.50	780.30
28 ELECTROSECTION OF PROSTATE	814.20	814.20
29 HYSTERECTOMY		800.00
30 EXTRACTION OF LENS		18.00
31 X-RAY CHEST	18.00	18.00
32 X-RAY SPINE	25.00	33.90
33 X-RAY HIP	21.70	21.70
34 X-RAY STOMACH	33.90	47.50
35 X-RAY COLON	45.00	47.50
36 COBALT		20.30
37 RADIO THERAPY		20.30
38 HEMOGLOBIN	3.00	4.00
39 WHITE CELL COUNT	5.00	4.00
40 COMPLETE BLOOD COUNT	9.00	10.00
41 CHOLESTEROL BLOOD COUNT	7.00	7.00
42 HEMATOCRIT	4.00	4.00
43 PROTHROMBIN	6.00	6.00
44 SEDIMENTATION RATE	5.00	5.00
45 BLOOD SUGAR	6.00	7.00
46 BUN UREA NITROGEN	6.00	7.00
47 PAP TEST	12.00	10.00
48 URINALYSIS	4.00	5.00
49 ELECTROCARDIOGRAM	18.00	20.00
50 ELECTROENCEPHALOGRAM	35.00	47.50

1978 PREVAILING CHARGE SUMMARY DATA

ILLINOIS

CONTINENTAL CASUALTY COMPANY

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

LOCALITY

DESIGNATION

FOR

SPECIALIST

LOCALITY

DESIGNATION

FOR

SPECIALIST

LOCALITY

DESIGNATION

FOR

SPECIALIST

01	02	03	04	05	01	02	03	04	05
01 INITIAL LIMITED OFFICE VISIT	15.00	20.00	15.00	15.00	20.30	25.00	20.30	27.10	20.30
02 INITIAL COMP OFFICE VISIT	21.00	21.70	24.50	30.00	30.00	35.00	25.00	40.00	40.70
03 MINIMAL OFFICE VISIT	4.00	3.00	3.00	2.00	5.00	3.00	4.00	2.00	4.00
04 ROUTINE BRIEF OFFICE VISIT	6.80	9.50	9.20	9.50	9.00	10.80	9.50	10.80	10.80
05 ROUTINE BRIEF HOME VISIT	10.00	16.30	13.60	13.60	15.00	20.30	15.00	15.00	20.00
06 INITIAL BRIEF HOSPITAL VISIT	20.30	20.30	25.00	20.30	30.00	35.00	35.00	35.00	35.00
07 INITIAL COMP HOSPITAL VISIT	35.00	33.90	33.90	33.90	40.00	47.50	47.50	40.00	40.70
08 ROUTINE BRIEF HOSPITAL VISIT	8.20	9.50	9.50	9.50	9.50	13.60	10.80	10.80	10.80
09 BIOPSY SKIN	27.10	30.00	30.00	30.00	33.30	20.00	33.30	27.10	33.30
10 RADICAL MASTECTOMY	652.80	542.80	597.00	652.80	569.90	550.00	644.60	610.70	542.80
11 REDUCTION OF FRACTURE	630.00	630.00	630.00	630.00	814.20	814.20	624.30	760.00	651.40
12 ARTHROTOMY	10.00	10.00	10.00	17.00	12.00	16.30	12.00	18.00	10.00
13 NEEDLE PUNCTURE OF BURSA	10.00	10.00	10.00	10.00	10.00	13.00	12.00	13.00	13.00
14 BRONCHOSCOPY	164.50	164.50	164.50	164.50	175.00	150.00	135.70	142.50	135.70
15 THORACENTESIS	25.00	47.50	47.50	38.50	38.50	47.50	35.00	50.00	47.50
16 CATHETERIZATION	200.00	200.00	200.00	200.00	125.00	125.00	125.00	125.00	125.00
17 INSERTION OF PACEMAKER	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00
18 BLOOD TRANSFUSION	20.00	20.00	20.00	20.00	25.00	25.00	20.30	25.00	25.00
19 COLECTOMY	678.20	695.00	746.40	658.20	678.50	678.50	712.40	725.00	702.00
20 APPENDECTOMY	350.00	305.30	350.00	350.00	285.00	339.25	339.25	350.00	285.00
21 SIGMOIDOSCOPY	25.00	25.00	25.00	30.00	25.00	25.00	30.00	33.90	33.90
22 HEMORRHOIDECTOMY	285.00	285.00	305.30	285.00	230.00	230.00	230.00	230.00	230.00
23 CHOLECYSTECTOMY	500.00	500.00	500.00	300.00	565.50	451.00	542.80	525.00	488.60
24 REPAIR HERNIA	300.00	300.00	300.00	493.00	339.25	310.00	339.25	325.00	339.25
25 CYSTOSCOPY	49.30	49.30	49.30	49.30	47.50	40.00	50.00	40.70	50.00
26 DILATION OF URETHRA	21.90	10.80	21.90	10.00	15.00	12.00	6.80	15.00	10.00
27 PROSTATECTOMY	702.10	702.10	610.70	702.10	720.00	720.00	651.40	651.40	542.80
28 ELECTROSECTION OF PROSTATE	702.10	702.10	702.10	702.10	610.70	640.00	640.00	720.00	542.80
29 HYSTERECTOMY	650.00	650.00	650.00	650.00	600.00	600.00	575.00	600.00	600.00
30 EXTRACTION OF LENS	650.00	650.00	650.00	600.00	656.00	600.00	542.80	542.80	542.80
31 X-RAY CHEST	13.60	18.00	12.00	20.00	23.10	20.30	14.25	16.30	24.50
32 X-RAY SPINE	30.00	33.90	30.00	23.10	30.00	30.00	25.00	30.00	27.10
33 X-RAY HIP	25.00	25.00	18.00	27.50	30.00	30.00	17.00	27.10	30.00
34 X-RAY STOMACH	53.00	53.00	53.00	40.70	48.00	48.00	33.90	48.00	46.20
35 X-RAY COLON	43.00	43.00	43.00	40.70	42.00	42.00	33.90	42.00	40.70
36 COBALT									
37 RADIOTHERAPY	23.50	23.50	23.50	23.50	20.00	20.00	20.00	13.60	13.60
38 HEMOGLOBIN	2.00	3.00	2.00	4.00	3.00	3.00	3.00	3.00	4.00
39 WHITE CELL COUNT	3.00	2.00	3.00	3.00	4.00	2.00	3.00	3.00	3.00
40 COMPLETE BLOOD COUNT	8.00	8.00	8.00	10.00	9.50	9.50	9.00	9.00	10.00
41 CHOLESTEROL BLOOD COUNT	6.50	7.00	6.00	8.00	7.00	6.00	6.00	7.00	7.00
42 HEMATOOCRIT	3.00	2.00	3.00	3.00	3.00	3.00	3.00	3.00	3.50
43 PROTHROMBIN	5.00	8.00	5.00	5.00	5.00	5.00	5.00	5.00	6.00
44 SEDIMENTATION RATE	5.00	7.00	5.00	5.00	4.00	5.00	3.00	4.50	6.00
45 BLOOD SUGAR	5.00	6.00	6.00	7.00	5.50	5.00	6.00	6.00	6.00
46 BUN UREA NITROGEN	6.00	6.00	6.00	6.00	5.00	6.00	7.00	6.00	6.00
47 PAP TEST	7.50	12.00	10.00	13.00	9.00	6.00	10.00	9.00	15.00
48 URINALYSIS	5.00	5.00	5.00	5.00	5.00	5.00	4.00	5.00	7.00
49 ELECTROCARDIOGRAM	17.00	15.00	17.50	20.30	18.00	18.00	16.50	22.00	20.30
50 ELECTROENCEPHALOGRAPH	35.00	35.00	35.00	35.50	16.00	50.50	16.00	16.00	47.50

1978 PREVAILING CHARGE SUMMARY DATA

ILLINOIS

CONTINENTAL CASUALTY COMPANY

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

10

06	07	08	09	10	06	07	08	09	10
01 INITIAL LIMITED OFFICE VISIT	20.00	15.00	16.30	20.00	23.00	20.30	25.00	24.50	20.30
02 INITIAL COMP OFFICE VISIT	20.00	25.00	20.30	20.00	21.00	27.10	27.10	25.00	30.00
03 MINIMAL OFFICE VISIT	2.00	2.80	3.00	3.00	5.00	4.80	3.00	4.00	4.00
04 ROUTINE BRIEF OFFICE VISIT	8.00	6.20	8.20	9.50	9.50	9.50	9.50	10.80	10.00
05 ROUTINE BRIEF HOME VISIT	13.60	12.00	16.30	15.00	15.00	13.60	15.00	15.00	13.60
06 INITIAL BRIEF HOSPITAL VISIT	30.00	20.30	25.00	20.30	33.90	27.10	20.30	35.00	27.10
07 INITIAL COMP HOSPITAL VISIT	35.00	27.10	35.00	35.00	33.90	40.00	25.00	35.00	47.50
08 ROUTINE BRIEF HOSPITAL VISIT	9.50	8.20	9.50	9.50	13.60	9.50	9.50	10.80	10.60
09 BIOPSY SKIN	25.00	30.00	30.00	30.00	33.30	20.00	33.30	33.30	33.30
10 RADICAL MASTECTOMY	652.80	652.80	652.80	652.80	542.80	610.70	610.70	610.70	635.10
11 REDUCTION OF FRACTURE	630.00	630.00	630.00	630.00	746.40	542.80	678.50	630.00	678.50
12 ARTHROTOMY	9.00	10.00	13.60	10.00	12.00	10.00	12.00	10.00	10.00
13 NEEDLE PUNCTURE OF BURSA	10.00	10.00	15.00	10.00	13.00	13.00	13.00	13.00	10.80
14 BRONCHOSCOPY	164.50	164.50	164.50	164.50	135.70	169.60	169.60	169.60	175.00
15 THORACENTESIS	40.70	50.00	47.50	38.50	50.00	50.00	50.00	35.00	50.00
16 CATHETERIZATION	200.00	200.00	200.00	200.00	125.00	125.00	125.00	125.00	125.00
17 INSERTION OF PACEMAKER	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	1000.00	814.20	1000.00
18 BLOOD TRANSFUSION	20.00	20.00	20.00	20.00	25.00	25.00	25.00	25.00	25.00
19 COLECTOMY	658.20	678.20	678.20	678.20	678.50	678.50	670.00	800.00	793.90
20 APPENDECTOMY	339.25	350.00	350.00	350.00	285.00	339.25	350.00	350.00	350.00
21 SIGMOIDOSCOPY	33.90	27.10	33.90	27.10	25.00	33.90	30.00	25.00	25.00
22 HEMORRHOIDECTOMY	285.00	285.00	271.40	285.00	230.00	230.00	230.00	230.00	230.00
23 CHOLECYSTECTOMY	500.00	475.00	500.00	475.00	542.80	500.00	522.00	565.50	565.50
24 REPAIR HERNIA	300.00	300.00	271.40	300.00	339.25	291.70	305.30	339.25	325.00
25 CYSTOSCOPY	49.30	49.30	49.30	49.30	47.50	40.70	47.50	40.00	40.00
26 DILATION OF URETHRA	20.30	13.60	13.60	21.90	15.00	13.60	13.60	6.80	13.60
27 PROSTATECTOMY	702.10	702.10	702.10	702.10	600.00	678.50	542.80	610.70	720.00
28 ELECTROSECTION OF PROSTATE	702.10	702.10	702.10	702.10	678.50	610.70	508.90	550.00	550.00
29 HYSTERECTOMY	650.00	650.00	508.90	650.00	600.00	508.90	600.00	576.70	600.00
30 EXTRACTION OF LENS	650.00	650.00	600.00	658.20	610.00	678.50	600.00	542.80	542.80
31 X-RAY CHEST	12.00	20.00	18.00	17.00	17.70	23.50	17.00	20.30	21.70
32 X-RAY SPINE	30.00	27.10	29.90	30.00	30.00	30.00	30.00	27.10	30.00
33 X-RAY HIP	25.00	21.00	25.00	25.00	30.00	30.00	30.00	27.10	27.10
34 X-RAY STOMACH	53.00	40.70	47.50	53.00	47.50	47.50	47.50	48.00	47.50
35 X-RAY COLON	43.00	40.70	40.00	43.00	42.00	42.00	42.00	42.00	42.00
36 COBAL T									
37 RADIOTHERAPY	23.50	23.50	23.50	23.50	20.00	22.00	20.00	22.00	20.00
38 HEMOGLOBIN	3.00	2.00	3.00	3.00	3.00	2.50	3.00	5.00	3.00
39 WHITE CELL COUNT	3.00	3.00	2.50	3.00	4.00	2.50	4.00	4.00	4.00
40 COMPLETE BLOOD COUNT	7.00	5.00	8.00	7.00	9.50	8.00	8.00	7.00	9.50
41 CHOLESTEROL BLOOD COUNT	5.00	5.00	6.00	5.00	7.00	6.50	7.00	7.00	7.00
42 HEMATOCRIT	3.00	4.00	3.00	3.00	3.00	3.00	3.00	5.00	3.00
43 PROTHROMBIN	5.00	6.00	5.00	5.00	5.00	6.00	4.00	5.00	5.00
44 SEDIMENTATION RATE	5.00	5.00	12.00	5.00	4.00	4.00	3.00	5.00	4.00
45 BLOOD SUGAR	6.00	6.00	6.00	5.00	7.00	6.00	7.00	6.00	4.00
46 BUN UREA NITROGEN	5.50	6.00	6.00	6.00	6.00	6.00	7.00	6.00	6.00
47 PAP TEST	10.00	8.00	10.00	9.00	20.00	6.00	10.00	7.00	9.00
48 URINALYSIS	5.00	4.00	6.00	5.00	7.00	4.00	7.00	7.00	7.00
49 ELECTROCARDIOGRAM	17.00	20.00	20.00	18.00	16.00	18.00	18.00	20.00	20.00
50 ELECTROENCEPHALOGRAM	35.00	35.00	35.00	35.00	16.00	16.00	16.00	16.00	16.00

1978 PREVAILING CHARGE SUMMARY DATA

ILLINOIS

CONTINENTAL CASUALTY COMPANY

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

11

12

13

14

15

11

12

13

14

15

01 INITIAL LIMITED OFFICE VISIT

15.00

16.00

16.30

13.60

25.00

20.00

20.30

20.00

28.75

27.10

01

02 INITIAL COMP OFFICE VISIT

20.00

20.30

16.30

20.30

29.90

33.90

33.90

27.10

32.68

33.90

02

03 MINIMAL OFFICE VISIT

4.00

4.60

3.00

2.00

5.00

2.80

3.00

5.00

5.00

5.40

03

04 ROUTINE BRIEF OFFICE VISIT

6.80

8.00

6.80

8.20

10.80

9.50

10.00

8.20

8.20

13.60

04

05 ROUTINE BRIEF HOME VISIT

13.60

13.60

13.00

13.60

20.00

15.00

16.30

12.00

13.60

20.30

05

06 INITIAL BRIEF HOSPITAL VISIT

20.30

20.30

30.00

27.10

33.90

27.10

27.10

47.50

43.40

40.70

06

07 INITIAL COMP HOSPITAL VISIT

35.00

21.70

33.90

50.00

33.90

50.00

40.00

27.10

43.40

50.00

07

08 ROUTINE BRIEF HOSPITAL VISIT

9.50

8.20

11.00

8.20

15.00

10.80

10.80

10.00

10.00

13.60

08

09 BIOPSY SKIN

27.50

30.00

25.00

30.00

30.00

25.00

33.30

33.30

33.30

33.30

09

10 RADICAL MASTECTOMY

652.80

407.10

540.00

652.80

678.50

488.60

650.00

610.70

569.90

650.00

10

11 REDUCTION OF FRACTURE

630.00

475.00

407.10

630.00

630.00

542.80

900.00

542.80

651.40

814.20

11

12 ARTHROTOMY

10.00

10.00

12.00

9.00

20.00

12.00

10.00

12.00

12.00

10.00

12

13 NEEDLE PUNCTURE OF BURSA

10.00

8.00

10.00

10.00

10.00

13.00

13.00

13.00

13.00

20.00

13

14 BRONCHOSCOPY

164.50

164.50

164.50

120.00

150.00

101.80

150.00

135.70

125.00

175.00

14

15 THORACENTESIS

50.00

35.00

27.10

20.30

47.50

50.00

47.50

50.00

47.50

67.90

15

16 CATHETERIZATION

200.00

200.00

200.00

200.00

200.00

125.00

125.00

125.00

125.00

125.00

16

17 INSERTION OF PACEMAKER

1000.00

1000.00

1000.00

1000.00

1000.00

1000.00

1000.00

1000.00

1000.00

1000.00

17

18 BLOOD TRANSFUSION

20.00

20.00

15.00

20.00

20.00

25.00

25.00

16.50

20.30

20.00

18

19 COLECTOMY

678.20

542.80

630.00

678.20

850.00

542.80

576.70

800.00

610.70

850.00

19

20 APPENDECTOMY

339.25

339.25

285.00

325.60

350.00

339.25

339.25

350.00

285.00

350.00

20

21 SIGMOIDOSCOPY

25.00

20.30

26.00

20.30

30.00

30.00

25.00

25.00

27.10

35.00

21

22 HEMORRHOIDECTOMY

285.00

285.00

285.00

285.00

310.00

230.00

230.00

230.00

230.00

230.00

22

23 CHOLECYSTECTOMY

475.00

475.00

475.00

407.10

500.00

500.00

500.00

515.00

510.00

650.00

23

24 REPAIR HERNIA

300.00

300.00

298.50

225.00

300.00

305.30

300.00

320.00

271.40

407.10

24

25 CYSTOSCOPY

45.00

49.30

40.00

49.30

49.30

45.00

47.50

50.00

40.70

55.00

25

26 DILATION OF URETHRA

12.00

25.00

15.00

13.20

15.00

6.10

20.00

13.60

8.20

13.00

26

27 PROSTATECTOMY

92.10

702.10

600.00

702.10

702.20

678.50

650.00

600.00

760.00

760.00

27

28 ELECTROSECTION OF PROSTATE

702.10

702.10

550.00

702.10

702.10

610.70

650.00

700.00

569.90

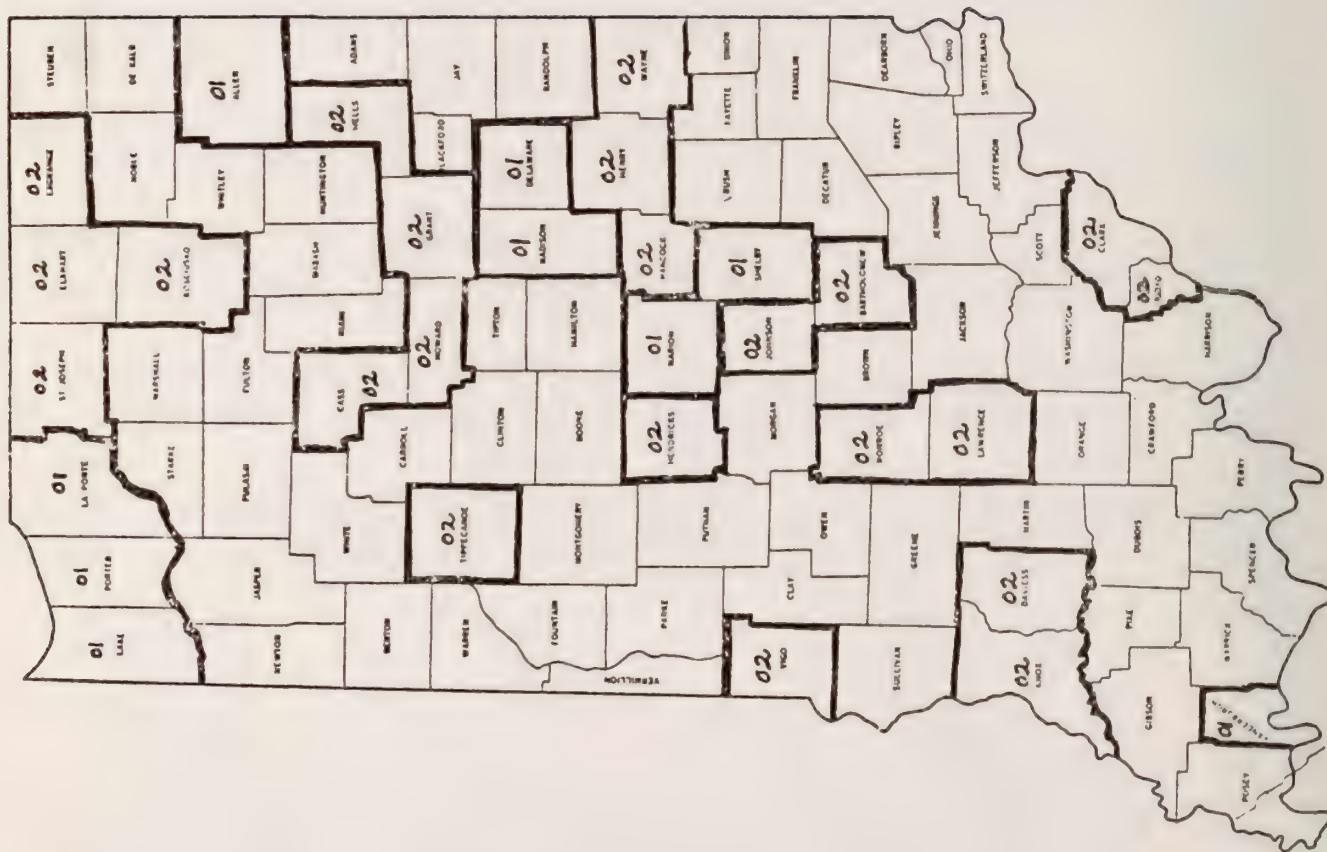
678.50

28

29 HYSTERECTOMY

INDIANA

INDIANA



Three Localities:
 01 - Metropolitan
 02 - Urban
 03 - Rural
 (For more locality information
 see Appendix A)

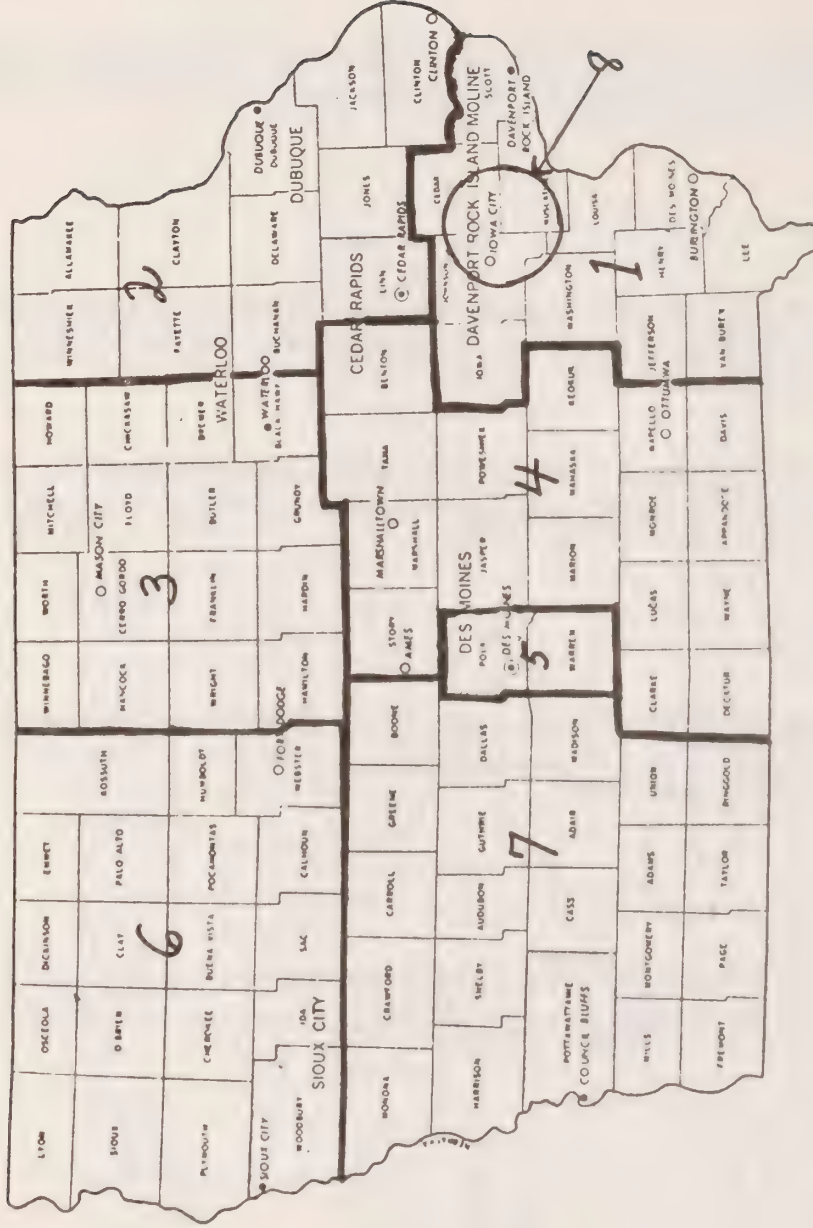
1978 PREVAILING CHARGE SUMMARY DATA

INDIANA

MUTUAL MEDICAL INSURANCE

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST		
	REG 01	REG 02	REG 03	REG 01	REG 02	REG 03
01 INITIAL LIMITED OFFICE VISIT	14.90	13.60	13.00	35.00	16.30	20.40
02 INITIAL COMP OFFICE VISIT	30.00	25.00	25.00	47.50	40.00	30.00
03 MINIMAL OFFICE VISIT	10.00	9.50	8.10	13.60	10.90	9.50
04 ROUTINE BRIEF OFFICE VISIT						
05 ROUTINE BRIEF HOME VISIT	16.30	15.00	13.60	20.40	15.00	16.30
06 INITIAL BRIEF HOSPITAL VISIT						
07 INITIAL COMP HOSPITAL VISIT	33.90	30.00	26.00	54.30	45.00	33.90
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	9.50	8.10	13.60	10.90	9.50
09 BIOPSY SKIN	25.00	25.00	25.00	27.10	27.10	27.10
10 RADICAL MASTECTOMY	600.00	542.80	450.00	600.00	542.80	500.00
11 REDUCTION OF FRACTURE	678.50	610.70	475.00	732.80	610.70	678.50
12 ARTHROTOMY	25.00	15.00	20.00	20.00	20.40	20.40
13 NEEDLE PUNCTURE OF BURSA	15.00	15.00	15.00	20.00	20.40	20.40
14 BRONCHOSCOPY	135.70	135.70	115.30	135.70	101.80	135.00
15 THORACENTESIS	33.90	33.90	33.90	33.90	40.70	25.00
16 CATHETERIZATION	247.00	233.40	204.90	214.40	250.00	250.00
17 INSERTION OF PACEMAKER	624.20	678.50	624.20	624.20	678.50	624.20
18 BLOOD TRANSFUSION	13.60	13.60	10.00	13.60	13.60	13.60
19 COLECTOMY	678.50	610.70	542.80	678.50	610.70	542.80
20 APPENDECTOMY	339.25	305.30	271.40	339.25	271.40	237.50
21 SIGMOIDOSCOPY	27.10	27.10	25.00	33.90	30.00	25.00
22 HEMORRHOIDECTOMY	275.00	275.00	275.00	275.00	275.00	275.00
23 CHOLECYSTECTOMY	520.00	475.00	400.00	525.00	460.00	441.00
24 REPAIR HERNIA	271.40	325.70	339.25	339.25	271.40	271.40
25 CYSTOSCOPY	47.50	45.00	47.50	46.00	45.00	45.00
26 DILATION OF URETHRA	13.60	13.60	13.60	13.00	9.50	12.50
27 PROSTATECTOMY	678.50	542.80	640.00	678.50	542.80	640.00
28 ELECTROSECTION OF PROSTATE	651.40	640.00	651.40	651.40	549.60	651.40
29 HYSTERECTOMY	610.70	600.00	441.00	610.70	542.80	610.70
30 EXTRACTION OF LENS	600.00	542.80	576.70	600.00	542.80	576.70
31 X-RAY CHEST	20.00	13.60	13.60	18.50	13.60	11.00
32 X-RAY SPINE	27.10	27.00	20.40	27.00	25.90	25.00
33 X-RAY HIP	20.40	20.00	14.00	19.00	18.50	18.50
34 X-RAY STOMACH	40.70	40.70	33.90	40.70	40.70	33.90
35 X-RAY COLON	40.70	40.70	33.90	38.00	40.70	33.90
36 COBALT	20.00	10.00	12.20	15.00	15.00	15.00
37 RADIOTHERAPY	15.00	19.00	12.20	15.00	21.70	17.00
38 HEMOGLOBIN	4.00	3.00	3.00	3.00	3.00	3.00
39 WHITE CELL COUNT	3.00	3.00	5.00	3.00	3.00	3.00
40 COMPLETE BLOOD COUNT	8.00	7.00	6.00	7.00	8.00	7.00
41 CHOLESTEROL BLOOD COUNT	6.00	6.00	6.00	6.00	6.00	6.00
42 HEMATOCRIT	3.00	3.00	3.00	3.00	3.00	3.00
43 PROTHROMBIN	6.00	5.00	5.00	6.50	5.00	5.00
44 SEDIMENTATION RATE	5.00	5.00	5.00	4.00	4.00	4.00
45 BLOOD SUGAR	6.00	5.00	5.50	6.00	5.00	7.00
46 BUN UREA NITROGEN	7.00	6.00	6.00	6.00	6.00	6.00
47 PAP TEST	10.00	10.00	10.00	10.00	10.00	10.00
48 URINALYSIS	3.00	3.00	3.00	4.00	4.50	4.00
49 ELECTROCARDIOGRAM	20.00	18.00	18.00	20.00	20.00	20.00
50 ELECTROENCEPHALOGRAPH	46.00	46.00	46.00	47.50	50.00	50.00

IOWA



Eight Localities:

- 01 - Lee, Van Buren, Des Moines, Henry, Jefferson, Louisa, Washington, Muscatine, Johnson (excluding Iowa City), Iowa, Edar & Scott Counties
- 02 - Clinton, Jackson, Jones, Linn, Buchanan, Delaware, Dubuque, Clayton, Fayette, Alameda & Winneshiek Counties
- 03 - Black Hawk, Grundy, Hardin, Hamilton, Wright, Cerro Gordo, Floyd, Chickasaw, Howard, Mitchell, Worth, Winnebago, Hancock, Franklin, Butler & Brenner
- 04 - Denton, Tanna, Marshall, Story, Casper, Paweshiek, Keokuk, Mahaska, Marion, Mapello, Monroe, Lucas, Clarke, Davis Appanoose, Decatur Counties

05 - Polk & Warren Counties

- 06 - Kossuth, Humboldt, Webster, Calhoun, Pocahontas, Palo Alto, Emmet, Dickinson, Buena Vista, Clay, Sac, Ida, Woodbury, Cherokee, Plymouth, O'Brien, Souix, Lyon & Osceola Counties

- 07 - Monona, Crawford, Carroll, Greene, Boone, Harrison, Shelby, Audubon, Guthrie, Dallas, Madison, Adair, Cass, Pottawattamie, Mills, Montgomery, Adams, Union, Fremont, Page, Taylor, & Ringold Counties

- 08 - Iowa City (Includes the University of Iowa hospital. The city limits are the boundaries of the locality.)

Note: Specialists only

1978 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA

IOWA

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

	01	02	03	04	05	01	02	03	04	05
01 INITIAL LIMITED OFFICE VISIT	15.00	20.40	20.40	20.00	20.00	20.00	40.00	27.10	35.00	35.00
02 INITIAL COMP OFFICE VISIT	40.00	27.10	25.00	25.00	27.10	40.00	40.00	27.10	50.00	35.00
03 MINIMAL OFFICE VISIT	5.25*	4.75*	4.85*	4.80*	5.45*	4.80*	4.95*	7.10*	5.05*	5.55*
04 ROUTINE BRIEF OFFICE VISIT	9.00	8.00	8.00	6.80	10.00	8.00	8.10	10.20	9.00	10.00
05 ROUTINE BRIEF HOME VISIT	13.60	13.60	12.20	12.50	13.60	13.60	13.60	20.00	15.00	15.00
06 INITIAL BRIEF HOSPITAL VISIT	21.00	27.10	27.10	25.00	30.00	40.00	40.00	40.70	35.00	47.50
07 INITIAL COMP HOSPITAL VISIT										
08 ROUTINE BRIEF HOSPITAL VISIT	8.10	8.10	8.10	9.50	9.50	9.50	10.00	10.90	10.00	10.90
09 BIOPSY SKIN	16.00*	18.80*	19.00*	16.20*	20.00*	18.60*	18.80*	20.80*	17.80*	20.80*
10 RADICAL MASTECTOMY	400.00*	470.00*	475.00*	405.00*	500.00*	475.00*	500.00	500.00	500.00	542.80
11 REDUCTION OF FRACTURE	480.00*	564.00*	570.00*	486.00*	600.00*	558.00*	564.00*	624.00*	534.00*	624.00*
12 ARTHROTOMY	15.00	15.00	15.00	20.40	20.00	20.40	27.10	25.00	20.40	20.40
13 NEEDLE PUNCTURE OF BURSA	20.00	16.30	20.00	20.40	20.00	20.40	16.30	16.30	15.00	16.30
14 BRONCHOSCOPY	96.00*	112.80*	114.00*	97.20*	120.00*	135.70	135.70	125.00	110.00	150.00
15 THORACENTESIS	14.00	25.00	25.00	25.00	25.00	47.50	55.00	33.90	25.00	33.90
16 CATHETERIZATION	280.00*	329.00*	332.50*	283.50*	350.00*	346.50*	346.50*	343.00*	360.50*	378.00*
17 INSERTION OF PACEMAKER	480.00*	564.00*	570.00*	486.00*	600.00*	594.00*	594.00*	588.00*	618.00*	648.00*
18 BLOOD TRANSFUSION	16.00	13.60	25.00	13.50	17.60	18.60*	18.60*	20.80*	17.80*	20.80*
19 COLECTOMY	720.00*	846.00*	855.00*	729.00*	900.00*	837.00*	846.00*	936.00*	801.00*	936.00*
20 APENDECTOMY	275.00	244.30	237.50	271.40	271.40	260.00	300.00	271.40	270.00	283.60
21 SIGMOIDOSCOPY	25.00	25.00	20.00	20.40	25.00	30.00	27.10	20.40	20.00	33.90
22 HEMORRHOIDECTOMY	190.00	169.60	200.00	200.00	200.00	237.50	237.50	240.00	210.00	292.50
23 CHOLECYSTECTOMY	425.00	407.10	425.00	350.00	407.10	475.00	450.00	475.00	407.10	475.00
24 REPAIR HERNIA	225.00	250.00	244.30	250.00	240.00	270.00	275.00	271.40	260.00	271.40
25 CYSTOSCOPY	67.90	67.90	67.90	67.90	67.90	60.00	60.00	64.00	33.90	101.80
26 DILATION OF URETHRA	13.60	10.00	17.60	13.60	13.60	13.60	16.30	13.60	15.00	13.60
27 PROSTATECTOMY	480.00*	564.00*	570.00*	486.00*	600.00*	542.80	542.80	542.80	542.80	542.80
28 ELECTROSECTION OF PROSTATE	480.00*	564.00*	570.00*	486.00*	600.00*	542.80	542.80	610.70	542.80	542.80
29 HYSTERECTOMY	450.00	450.00	450.00	450.00	450.00	508.90	529.20	475.00	542.80	550.00
30 EXTRACTION OF LENS	480.00*	564.00*	570.00*	486.00*	600.00*	550.00	610.70	542.80	542.80	542.80
31 X-RAY CHEST	17.50	16.30	13.60	20.00	20.00	16.30	17.50	17.00	20.00	17.50
32 X-RAY SPINE	27.10	25.00	22.00	20.00	20.00	25.00	20.40	20.40	25.00	20.40
33 X-RAY HIP	25.00	16.30	15.00	16.50	15.00	20.00	20.00	17.50	20.00	17.50
34 X-RAY STOMACH	35.00	35.00	31.50	35.00	35.00	40.70	44.50	35.00	40.70	35.00
35 X-RAY COLON	35.00	35.00	33.90	35.00	35.00	35.00	44.50	35.00	40.70	35.00
36 COBALT										
37 RADIOTHERAPY	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	3.00	2.00	3.00	3.00	3.00	3.00
39 WHITE CELL COUNT	3.00	3.25	3.00	3.00	4.00	2.00	3.00	2.25	3.00	3.00
40 COMPLETE BLOOD COUNT	7.70	7.00	8.00	6.00	8.50	10.00	8.00	9.00	9.00	6.00
41 CHOLESTEROL BLOOD COUNT	6.00	5.00	6.00	5.00	5.00	5.00	6.00	7.00	7.00	6.00
42 HEMATOCRIT	3.00	3.00	3.00	3.00	3.00	2.00	3.00	3.00	2.00	2.00
43 PROTHROMBIN	5.00	6.00	5.00	5.00	4.00	4.00	4.00	5.00	5.00	5.00
44 SEDIMENTATION RATE	3.00	5.00	3.00	3.00	5.00	3.00	3.00	5.00	3.00	2.00
45 BLOOD SUGAR	6.00	6.00	6.00	6.00	5.00	6.00	6.00	6.00	6.00	6.00
46 BUN UREA NITROGEN	8.00	6.00	6.00	5.00	5.00	6.00	6.50	8.00	6.50	5.00
47 PAP TEST	15.00	10.00	10.00	8.00	7.00	10.00	9.00	7.00	9.00	7.50
48 URINALYSIS	3.00	4.00	3.00	3.00	4.00	3.00	3.00	5.00	4.00	4.00
49 ELECTROCARDIOGRAM	20.00	20.00	20.00	20.00	20.00	15.00	18.00	17.00	20.00	20.00
50 ELECTROENCEPHALOGRAPH	60.00*	60.00*	60.00*	60.00*	60.00*	60.00*	60.00*	60.00*	60.00*	60.00*

1978 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA

IOWA

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	06	07	08	06	07	08
01 INITIAL LIMITED OFFICE VISIT	20.00	17.60	20.00	30.00	40.00	35.00
02 INITIAL COMP OFFICE VISIT	30.00	20.00	27.10	45.00	40.00	70.00
03 MINIMAL OFFICE VISIT	5.00*	4.80*	7.70*	5.40*	5.75*	6.00*
04 ROUTINE BRIEF OFFICE VISIT	8.00	8.00	15.00	10.00	10.50	20.00
05 ROUTINE BRIEF HOME VISIT	10.90	13.60	13.60	12.00	15.00	13.60
06 INITIAL BRIEF HOSPITAL VISIT	27.10	27.10	70.00	47.50	47.50	70.00
07 INITIAL COMP HOSPITAL VISIT						
08 ROUTINE BRIEF HOSPITAL VISIT	9.50	9.50	12.20	9.50	12.00	10.00
09 BIOPSY SKIN	20.00*	18.00*	18.40*	19.60*	17.40*	19.80*
10 RADICAL MASTECTOMY	500.00*	450.00*	460.00*	500.00	500.00	500.00
11 REDUCTION OF FRACTURE	600.00*	540.00*	552.00*	588.00*	522.00*	594.00*
12 ARTHROTOMY	20.00	19.00	20.00	25.00	20.40	20.40
13 NEEDLE PUNCTURE OF BURSA	20.50	21.00	20.40	16.30	16.30	16.30
14 BRONCHOSCOPY	120.00*	108.00*	110.40*	110.00	135.70	135.70
15 THORACENTESIS	25.00	25.00	25.00	27.00	28.50	35.00
16 CATHETERIZATION	350.00*	315.00*	322.00*	336.00*	311.50*	322.00*
17 INSERTION OF PACEMAKER	600.00*	540.00*	552.00*	576.00*	534.00*	552.00*
18 BLOOD TRANSFUSION	16.00	25.00	17.60	19.60*	17.40*	19.80*
19 COLECTOMY	900.00*	810.00*	828.00*	882.00*	783.00*	891.00*
20 APPENDECTOMY	250.00	225.00	271.40	305.30	270.00	271.40
21 SIGMOIDOSCOPY	20.40	27.10	25.00	25.00	30.00	33.70
22 HEMORRHOIDECTOMY	200.00	169.60	200.00	225.00	230.00	237.50
23 CHOLECYSTECTOMY	475.00	352.80	425.00	450.00	450.00	470.00
24 REPAIR HERNIA	255.00	244.30	250.00	295.00	285.00	300.00
25 CYSTOSCOPY	67.90	67.00	67.90	70.00	72.00	25.00
26 DILATION OF URETHRA	20.00	14.00	13.60	10.20	13.60	17.00
27 PROSTATECTOMY	500.00*	540.00*	552.00*	542.60	542.80	543.80
28 ELECTROSECTION OF PROSTATE	600.00*	540.00*	552.00*	600.00	610.70	640.00
29 HYSTERECTOMY	450.00	450.00*	450.00	475.00	508.90	529.20
30 EXTRACTION OF LENS	600.00*	540.00*	552.00*	610.70	475.00	800.00
31 X-RAY CHEST	16.00	17.00	17.50	17.50	17.50	17.50
32 X-RAY SPINE	25.00	20.00	23.00	25.00	25.00	25.00
33 X-RAY HIP	15.00	20.00	20.00	20.00	20.00	20.00
34 X-RAY STOMACH	35.00	35.00	35.00	44.50	43.40	34.90
35 X-RAY COLON	35.00	35.00	35.00	44.50	43.40	34.90
36 COBALT						
37 RADIOGRAPHY	21.00	21.00	21.00	21.00	21.00	21.00
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	4.00	3.00
39 WHITE CELL COUNT	4.00	3.00	3.00	3.00	3.00	3.00
40 COMPLETE BLOOD COUNT	7.00	8.00	7.30	12.00	9.00	9.00
41 CHOLESTEROL BLOOD COUNT	6.00	7.00	6.00	7.50	7.50	7.00
42 HEMATOCRIT	3.00	3.00	3.00	3.00	2.00	2.00
43 PROTHROMBIN	5.00	6.00	5.00	5.00	4.20	5.00
44 SEDIMENTATION RATE	5.00	5.00	4.50	3.00	5.00	3.00
45 BLOOD SUGAR	6.00	6.00	6.00	5.00	6.00	6.00
46 BUN UREA NITROGEN	7.00	8.00	6.00	8.00	7.50	6.50
47 PAP TEST	10.00	15.00	10.00	10.00	10.00	9.00
48 URINALYSIS	3.00	3.50	3.50	3.00	5.00	4.00
49 ELECTROCARDIOGRAM	20.00	20.00	20.00	18.00	22.00	20.00
50 ELECTROENCEPHALOGRAM	60.00*	60.00*	60.00*	60.00*	60.00*	60.00*

KANSAS

[illegible]

Blue Shield of Kansas

01 - Blue Shield of Kansas Plan area (102 counties)

Blue Shield of Kansas City

04 - Johnson County (suburban)

05 - Wyandotte County (metropolitan)

1978 PREVAILING CHARGE SUMMARY DATA

KANSAS

B/S OF KANSAS

COMBINED LOCALITY DESIGNATION

PROCEDURE DESCRIPTION

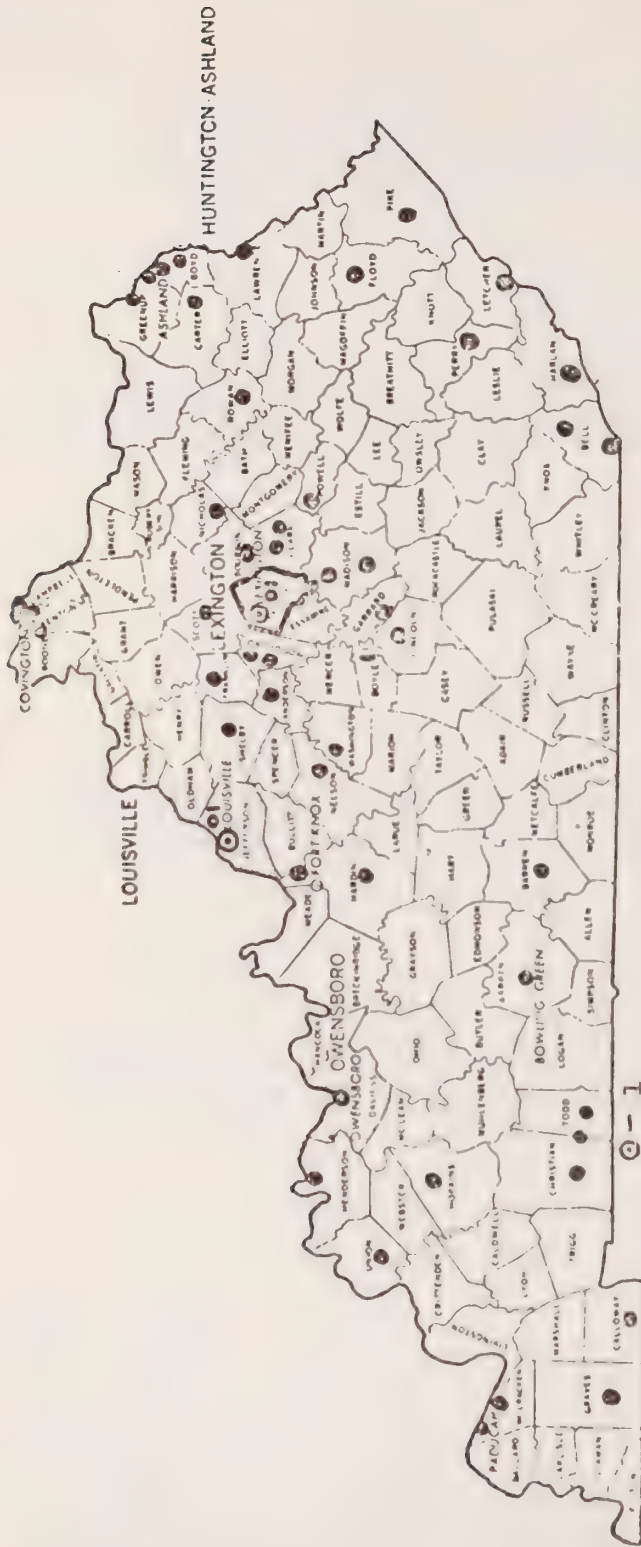
SINGLE

01	INITIAL LIMITED OFFICE VISIT	20.00	01
02	INITIAL COMP OFFICE VISIT	35.00	02
03	MINIMAL OFFICE VISIT	5.00	03
04	ROUTINE BRIEF OFFICE VISIT	10.00	04
05	ROUTINE BRIEF HOME VISIT	15.00	05
06	INITIAL BRIEF HOSPITAL VISIT	35.00	06
07	INITIAL COMP HOSPITAL VISIT	50.00	07
08	ROUTINE BRIEF HOSPITAL VISIT	10.00	08
09	BIOPSY SKIN	25.00	09
10	RADICAL MASTECTOMY	630.00	10
11	REDUCTION OF FRACTURE	678.50*	11
12	ARTHROTOMY	17.90	12
13	NEEDLE PUNCTURE OF BURSA	20.00	13
14	BRONCHOSCOPY	169.60	14
15	THORACENTESIS	33.90	15
16	CATHETERIZATION	285.00*	16
17	INSERTION OF PACEMAKER	814.20*	17
18	BLOOD TRANSFUSION	16.30*	18
19	COLECTOMY	678.50	19
20	APPENDECTOMY	285.00	20
21	SIGMOIDOSCOPY	30.00	21
22	HEMORRHOIDECTOMY	244.30	22
23	CHOLECYSTECTOMY	480.40	23
24	REPAIR HERNIA	276.80	24
25	CYSTOSCOPY	67.90	25
26	DILATION OF URETHRA	20.00	26
27	PROSTATECTOMY	651.40*	27
28	ELECTROSECTION OF PROSTATE	597.10	28
29	HYSTERECTOMY	578.10	29
30	EXTRACTION OF LENS	542.80	30
31	X-RAY CHEST	18.50	31
32	X-RAY SPINE	27.10	32
33	X-RAY HIP	28.00	33
34	X-RAY STOMACH	53.00	34
35	X-RAY COLON	48.00	35
36	COBALT	14.00	36
37	RADIOTHERAPY	27.10	37
38	HEMOGLOBIN	4.00	38
39	WHITE CELL COUNT	5.00	39
40	COMPLETE BLOOD COUNT	10.00	40
41	CHOLESTEROL BLOOD COUNT	8.00	41
42	HEMATOCRIT	4.00	42
43	PROTHROMBIN	7.00	43
44	SEDIMENTATION RATE	5.00	44
45	BLOOD SUGAR	6.50	45
46	BUN UREA NITROGEN	8.00	46
47	PAP TEST	12.00	47
48	URINALYSIS	5.00	48
49	ELECTROCARDIOGRAM	22.00	49
50	ELECTROENCEPHALOGRAM	60.00	50

1978 PREVAILING CHARGE SUMMARY DATA				B/S OF KANSAS CITY, MISSOURI		KANSAS	
PROCEDURE DESCRIPTION		LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST			
		AREA 04	AREA 05	AREA 04	AREA 05		
01 INITIAL LIMITED OFFICE VISIT							01
02 INITIAL COMP OFFICE VISIT		30.00	15.00	35.00	40.70		02
03 MINIMAL OFFICE VISIT		6.00	3.00	6.80	7.00		03
04 ROUTINE BRIEF OFFICE VISIT		10.00	8.20	10.80	10.00		04
05 ROUTINE BRIEF HOME VISIT		13.60	15.00	20.00	15.00		05
06 INITIAL BRIEF HOSPITAL VISIT		27.10	33.90	33.90	40.00		06
07 INITIAL COMP HOSPITAL VISIT		33.90	33.90	47.50	47.50		07
08 ROUTINE BRIEF HOSPITAL VISIT		12.00	9.50	13.60	13.60		08
09 BIOPSY SKIN		33.90	25.00	33.90	25.00		09
10 RADICAL MASTECTOMY		610.70	600.00	678.50	678.50		10
11 REDUCTION OF FRACTURE		584.00*	544.00*	808.00*	696.00*		11
12 ARTHROTOMY		17.70	15.00	25.00	15.00		12
13 NEEDLE PUNCTURE OF BURSA		18.00	18.00	15.00	15.00		13
14 BRONCHOSCOPY		135.70	135.70	125.00	125.00		14
15 THORACENTESIS		33.90	33.90	47.50	47.50		15
16 CATHETERIZATION		200.00	200.00	200.00	200.00		16
17 INSERTION OF PACEMAKER		625.00	600.00	635.00	635.00		17
18 BLOOD TRANSFUSION		14.60*	13.60*	20.00*	18.20*		18
19 COLECTOMY		746.40	675.00	698.80	675.00		19
20 APPENDECTOMY		352.90	352.90	352.90	352.90		20
21 SIGMOIDOSCOPY		20.50	25.00	33.90	33.90		21
22 HEWORRHOIDECTOMY		271.40	271.40	285.00	285.00		22
23 CHOLECYSTECTOMY		542.80	525.00	542.80	488.60		23
24 REPAIR HERNIA		339.25	300.00	385.00	300.00		24
25 CYSTOSCOPY		66.00	67.90	65.00	65.00		25
26 DILATION OF URETHRA		23.00	15.00	23.00	23.00		26
27 PROSTATECTOMY		726.10	726.10	678.50	678.50		27
28 ELECTROSECTION OF PROSTATE		610.70	610.70	610.70	610.70		28
29 HYSTERECTOMY		563.10	563.10	600.00	563.10		29
30 EXTRACTION OF LENS		600.00	600.00	600.00	600.00		30
31 X-RAY CHEST		20.00	17.00	15.00	15.00		31
32 X-RAY SPINE		30.00	20.00	30.00	27.10		32
33 X-RAY HIP		20.30	20.30	20.30	20.30		33
34 X-RAY STOMACH		53.50	54.20	40.00	45.00		34
35 X-RAY COLON		47.50	47.50	38.00	38.00		35
36 COBALT							36
37 RADIOTHERAPY							37
38 HEMOGLOBIN		5.00	4.00	3.00	5.00		38
39 WHITE CELL COUNT		4.00	3.00	5.00	4.00		39
40 COMPLETE BLOOD COUNT		10.00	8.00	7.00	8.00		40
41 CHOLESTEROL BLOOD COUNT		7.00	5.00	8.00	7.00		41
42 HEMATOCRIT		3.00	4.00	4.00	5.00*		42
43 PROTHROMBIN		8.00	5.00	6.00	7.00		43
44 SEDIMENTATION RATE		6.00	5.00	5.00	9.00		44
45 BLOOD SUGAR		6.00	5.00	6.00	5.50		45
46 BUN UREA NITROGEN		7.00	5.00	6.00	7.00		46
47 PAP TEST		10.00	12.00	9.00	10.00		47
48 URINALYSIS		5.00	5.00	4.50	5.00		48
49 ELECTROCARDIOGRAM		20.00	15.00	20.00	20.00		49
50 ELECTROENCEPHALOGRAM		40.00	40.00	25.00	25.00		50

KENTUCKY

KENTUCKY



Three Localities:

1-Metropolitan- Lexington (Fayette County), Louisville (including Anchorage, Crestwood, Jeffersonton, Lyndon, Middletown, Okalona, Pee Wee Valley, Pleasure Ridge Park, Shively, St. Matthews, Valley Station).

2-Urban- Ashland(including Grayson, Greenup, Westwood), Bardston, Bellevue, Bowling Green, Catlettsburg, Covington (including Alexandria, Bromley, Burlington, Dayton, Elmore Park, Ft. Mitchell, South Hills, Southgate, Walton, Woodlawn), Danville, Elizabethtown (including Lebanon Junction), Florence, Fort Thomas, Frankfort(including Midway), Georgetown, Glasgow, Harlan, Hazard (including Whitesburg), Henderson, Hopkinsville (including Elkton, Fairview), Lancaster, Lawrenceburg, Louisville, Madisonville, Mayfield, Middlesboro, Morehead, Morgantown, Mount Sterling, Murray, Newport, Nicholasville, Owensboro, Paducah (including West Paducah), Paris, Pikeville, Pineville, Prestonsburg, Richmond, Shelbyville, Stanford, Versailles, Vine Grove, Winchester(including Carlisle, Stanton).

3-Rural- All other areas of the State.

Rest of State - 3

1978 PREVAILING CHARGE SUMMARY DATA

KENTUCKY

METROPOLITAN LIFE INSURANCE CO.

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

I

II

III

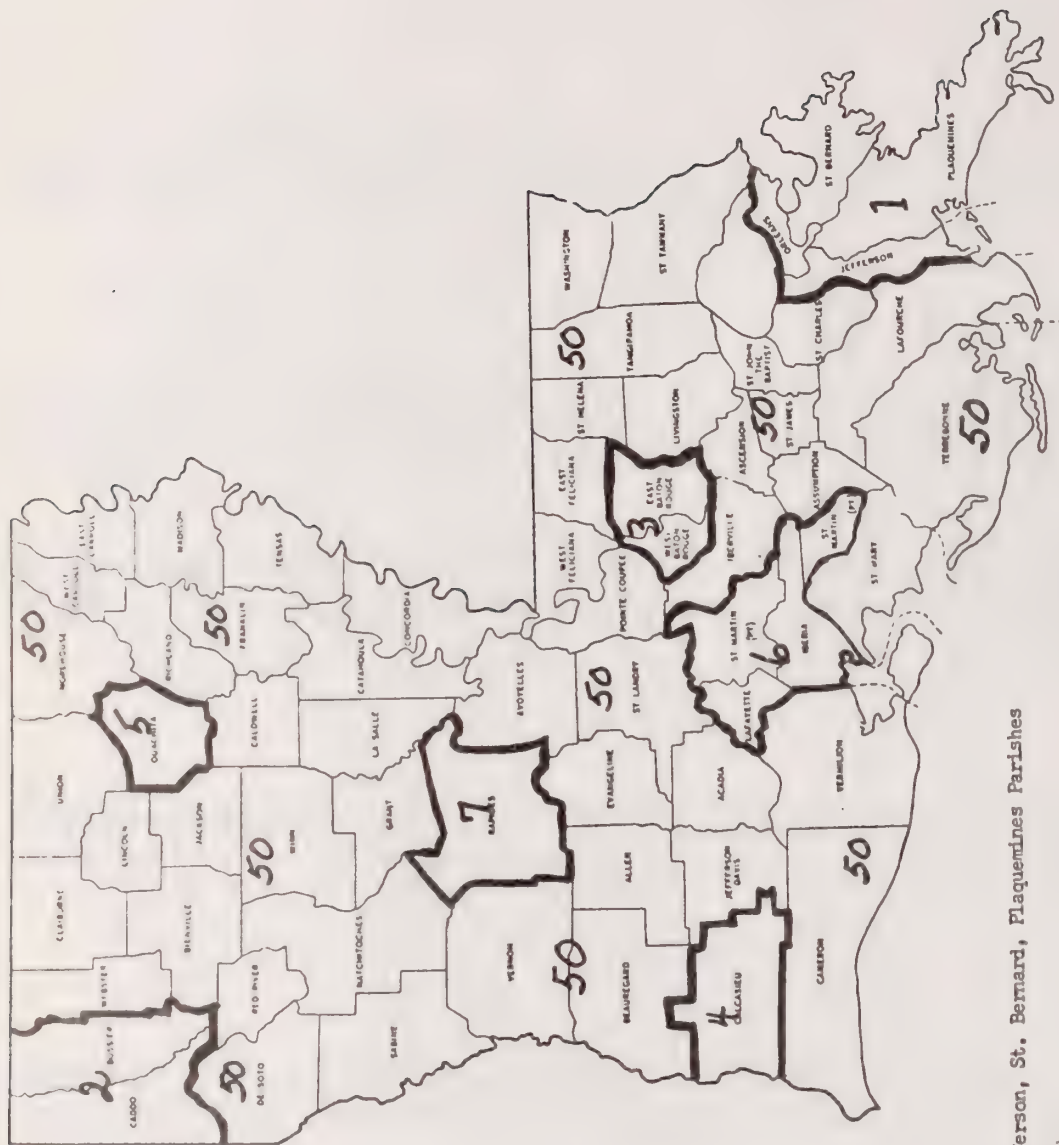
I

II

III.

01 INITIAL LIMITED OFFICE VISIT	13.60	13.60	13.60	20.40	13.60	13.60	01
02 INITIAL COMP OFFICE VISIT	25.00	30.00	39.00	47.50	40.70	35.00	02
03 MINIMAL OFFICE VISIT	6.00	5.40	5.40	6.80	8.00	5.40	03
04 ROUTINE BRIEF OFFICE VISIT	9.50	8.10	6.80	10.90	10.00	8.00	04
05 ROUTINE BRIEF HOME VISIT	15.00	13.60	12.00	16.30	15.00	13.60	05
06 INITIAL BRIEF HOSPITAL VISIT	27.10	30.00	33.90	33.90	20.40	20.40	06
07 INITIAL COMP HOSPITAL VISIT	35.00	35.00	35.00	50.00	45.00	37.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	12.00	9.50	8.10	13.60	10.90	9.50	08
09 BIOPSY SKIN	20.40	20.40*	20.40*	28.00	25.00	26.30*	09
10 RADICAL MASTECTOMY	475.00*	475.00*	507.50*	650.00	600.00	542.80*	10
11 REDUCTION OF FRACTURE	542.80*	542.80*	542.80*	746.40	610.70	542.80*	11
12 ARTHROTOMY	10.00	13.60	10.00	18.00	16.00	15.00	12
13 NEEDLE PUNCTURE OF BURSA	13.60	13.60	10.00	15.00	15.00	12.00	13
14 BRONCHOSCOPY	101.80*	101.80*	101.80*	135.70	150.00	101.80	14
15 THORACENTESIS	20.40*	20.40*	20.40	33.90	40.00	33.90	15
16 CATHETERIZATION	237.50*	150.00*	253.80*	237.50	150.00	285.00*	16
17 INSERTION OF PACEMAKER	678.50*	678.50*	725.00*	678.50	750.00	814.20*	17
18 BLOOD TRANSFUSION	17.50*	16.50*	14.50*	18.50	18.00	17.50	18
19 COLECTOMY	542.80*	542.80*	580.00*	678.50	678.50	678.50	19
20 APPENDECTOMY	271.40*	271.40*	290.00*	339.30	330.00	339.30*	20
21 SIGMOIDOSCOPY	15.00	20.40	25.00	25.00	25.00	28.50	21
22 HEMORRHOIDECTOMY	203.60*	203.60*	217.50*	300.00	271.40	237.50	22
23 CHOLECYSTECTOMY	407.10*	407.10*	435.00*	508.90	475.00	475.00	23
24 REPAIR HERNIA	237.50*	237.50*	253.80*	333.00	310.00	271.40	24
25 CYSTOSCOPY	33.90*	33.90*	33.90*	33.90	40.00	33.90	25
26 DILATION OF URETHRA	10.00*	10.00*	15.00	10.00	10.00	15.00	26
27 PROSTATECTOMY	542.80*	542.80*	580.00*	678.50	542.80	651.40*	27
28 ELECTROSECTION OF PROSTATE	542.80*	542.80	542.80*	542.80	542.80	542.80	28
29 HYSTERECTOMY	475.00*	475.00*	475.00*	610.70	576.70	475.00*	29
30 EXTRACTION OF LENS	542.80*	542.80*	542.80*	542.80	542.80	542.80	30
31 X-RAY CHEST	16.00	13.60	13.60	17.00	13.60	13.60	31
32 X-RAY SPINE	20.00	20.40	20.00	25.00	27.10	24.00	32
33 X-RAY HIP	20.00*	20.40*	20.40*	20.00*	20.40	20.40*	33
34 X-RAY STOMACH	35.00*	40.00	33.90	35.00	42.00	40.70*	34
35 X-RAY COLON	33.90*	33.90*	33.90*	33.90	35.70	37.50*	35
36 COBALT	20.40*	19.40*	19.40*	20.40	20.40	19.40*	36
37 RADIOGRAPHY	28.50*	25.80*	25.80*	29.90	25.80	25.80*	37
38 HEMOGLOBIN	3.00	3.00	3.00	4.00	3.00	3.00	38
39 WHITE CELL COUNT	3.00	3.00	4.00	4.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	7.00	6.00	8.00	8.00	7.50	7.00	40
41 CHOLESTEROL BLOOD COUNT	6.00	6.00	7.00	6.50	7.00	7.00	41
42 HEMATOCRIT	3.00	3.00	4.00	3.00	3.00	3.00	42
43 PROTHROMBIN	6.00	5.00	5.00	6.00	6.00	7.00	43
44 SEDIMENTATION RATE	6.00	5.00	5.00	5.00	5.00	4.00	44
45 BLOOD SUGAR	6.00	6.00	6.00	6.00	6.00	6.00	45
46 BUN UREA NITROGEN	5.00	6.00	7.00	7.50	6.00	7.00	46
47 PAP TEST	10.00	10.00	10.00	8.00	9.50	10.00	47
48 URINALYSIS	5.00	3.00	4.00	4.00	4.00	4.00	48
49 ELECTROCARDIOGRAM	16.00	20.00	18.00	18.00	19.00	20.00	49
50 ELECTROENCEPHALOGRAM	35.00	57.80	49.90*	35.00	63.00	59.40*	50

LOUISIANA



Eight Localities:

01 - Orleans Parish, Jefferson, St. Bernard, Plaquemines Parishes

02 - Caddo, Bossier Parishes

03 - East Baton Rouge, West Baton Rouge Parishes

04 - Calcasieu Parish

05 - Ouachita Parish

06 - Lafayette, Iberia, St. Martin Parishes

07 - Rapides Parish

50 - All other Parishes

1978 PREVAILING CHARGE SUMMARY DATA

LOUISIANA

PAN-AMERICAN LIFE INSURANCE CO.

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

01 02 03 04 05 01 02 03 04 05

PROCEDURE DESCRIPTION

01	INITIAL LIMITED OFFICE VISIT	20.00	17.00	20.00	20.00	7.00	19.00	33.90	35.00	30.00	33.90	33.90	01
02	INITIAL COMP OFFICE VISIT	9.50	8.20	9.50	10.00	13.60	6.80	10.80	10.00	10.80	10.80	10.80	02
03	MINIMAL OFFICE VISIT	16.30	15.00	10.00	25.00	20.30	10.80	20.00	25.00	15.00	20.00	20.00	03
04	ROUTINE BRIEF OFFICE VISIT	33.90	35.00	25.00	33.90	20.30	28.50	33.90	47.50	30.00	33.90	35.00	04
05	ROUTINE BRIEF HOSPITAL VISIT	50.00	50.00	45.00	50.00	35.00	33.90	47.40	60.00	47.50	50.00	50.00	05
06	INITIAL BRIEF HOSPITAL VISIT	13.60	10.00	10.00	13.60	13.60	13.90	16.30	15.00	13.60	16.30	12.00	06
07	INITIAL COMP HOSPITAL VISIT	20.00	20.00	20.00	20.00	20.00	20.00	25.00	25.00	25.00	25.00	20.30	07
08	ROUTINE BRIEF HOSPITAL VISIT	678.50	610.70	610.70	610.70	610.70	610.70	750.00	610.70	678.50	678.50	610.70	08
09	BIOPSY SKIN	712.40	678.50	678.50	678.50	678.50	678.50	746.40	678.50	678.50	678.50	560.00	09
10	RADICAL MASTECTOMY	10.00	15.00	13.60	15.00	15.00	13.60	12.00	15.00	13.60	15.00	13.60	10
11	REDUCTION OF FRACTURE	200.00	200.00	200.00	200.00	200.00	200.00	175.00	150.00	169.60	169.60	169.60	11
12	ARTHROTOMY	50.00	35.00	35.00	35.00	50.00	50.00	67.90	50.00	50.00	50.00	50.00	12
13	NEEDLE PUNCTURE OF BURSA	339.25	339.25	339.25	339.25	339.25	339.25	339.25	373.20	373.20	373.20	373.20	13
14	BRONCHOSCOPY	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	14
15	THORACENTESIS	15.20*	16.00*	14.80*	17.00*	17.00*	16.00*	19.60*	18.80*	19.20*	21.20*	18.00*	15
16	CATHETERIZATION	678.50	678.50	700.00	678.50	678.50	678.50	1200.00	750.00	651.40	678.50	750.00	16
17	INSERTION OF PACEMAKER	339.25	305.30	305.30	305.30	305.30	305.30	450.00	407.10	425.00	450.00	407.10	17
18	BLOOD TRANSFUSION	33.90	25.00	25.00	30.00	30.00	30.00	30.00	27.10	20.30	33.90	25.00	18
19	COLECTOMY	271.40	271.40	271.40	271.40	271.40	271.40	339.25	325.00	339.25	350.00	339.25	19
20	APPENDECTOMY	556.40	542.80	542.80	542.80	542.80	542.80	600.00	475.00	475.00	475.00	475.00	20
21	SIGMOIDOSCOPY	315.00	315.00	315.00	315.00	315.00	315.00	400.00	275.00	375.00	300.00	339.25	21
22	HEMORRHOIDECTOMY	47.50	45.00	45.00	45.00	45.00	45.00	50.00	35.00	45.00	45.00	45.00	22
23	CHOLECYSTECTOMY	10.00	10.00	10.00	10.00	10.00	10.00	13.60	15.00	4.00	10.00	10.00	23
24	REPAIR HERNIA	678.50	678.50	678.50	678.50	678.50	678.50	700.00	678.50	678.50	678.50	678.50	24
25	CYSTOSCOPY	339.25	305.30	305.30	305.30	305.30	305.30	450.00	407.10	425.00	450.00	407.10	25
26	DILATION OF URETHRA	610.70	600.00	600.00	600.00	600.00	600.00	650.00	576.70	580.00	610.70	610.70	26
27	PROSTATECTOMY	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	542.80	600.00	600.00	27
28	ELECTROSECTION OF PROSTATE	610.70	610.70	610.70	610.70	610.70	610.70	678.50	650.00	600.00	542.80	542.80	28
29	HYSTERECTOMY	23.70	20.00	17.50	17.00	17.00	15.00	20.00	20.00	20.00	20.00	20.00	29
30	EXTRACTION OF LENS	40.70	40.70	40.70	40.70	40.70	40.70	46.00	46.00	46.00	46.00	46.00	30
31	X-RAY CHEST	27.00	20.30	27.00	27.00	27.00	27.00	21.70	27.10	27.50	27.10	25.00	31
32	X-RAY SPINE	47.50	47.50	47.50	47.50	47.50	47.50	49.00	50.00	50.00	50.00	49.00	32
33	X-RAY HIP	45.00	45.00	45.00	45.00	45.00	45.00	49.00	49.00	49.00	47.50	46.00	33
34	X-RAY STOMACH	23.00	12.50	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	34
35	X-RAY COLON	33.90	33.90	33.90	33.90	33.90	33.90	33.90	33.90	33.90	33.90	33.90	35
36	COBALT	4.00	3.00	5.00	5.00	5.00	3.00	3.00	3.00	3.00	3.00	3.00	36
37	RADIOTHERAPY	5.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	37
38	HEMOGLOBIN	5.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	38
39	WHITE CELL COUNT	10.00	9.00	7.00	7.00	10.00	8.00	10.00	8.00	10.00	9.00	9.00	39
40	COMPLETE BLOOD COUNT	7.00	7.00	6.00	6.00	10.00	8.00	8.00	7.75	7.00	8.00	8.00	40
41	CHOLESTEROL BLOOD COUNT	5.00	4.00	3.00	3.00	1.00	3.00	4.00	3.00	3.00	3.25	3.25	41
42	HEMATOCRIT	7.00	10.00	6.75	5.00	5.00	6.75	5.00	7.00	5.00	6.00	6.00	42
43	PROTHROMBIN	5.00	6.00	6.00	6.00	6.00	6.00	5.00	8.00	5.00	5.00	5.00	43
44	SEDIMENTATION RATE	7.00	8.00	6.00	6.00	8.00	6.00	8.00	7.00	6.00	7.00	7.00	44
45	BLOOD SUGAR	10.00	8.50	7.00	7.00	10.00	6.00	10.00	10.00	4.00	10.00	10.00	45
46	BUN UREA NITROGEN	4.00	5.00	3.00	3.00	5.00	4.00	5.00	5.00	4.00	5.00	5.00	46
47	PAP TEST	20.00	15.00	25.00	20.00	20.00	20.00	17.00	15.00	25.00	20.00	20.00	47
48	URINALYSIS	63.50	63.50	63.50	63.50	63.50	63.50	54.20	54.20	54.20	54.20	54.20	48
49	ELECTROCARDIOGRAM												49
50	ELECTROENCEPHALOGRAPH												50

1978 PREVAILING CHARGE SUMMARY DATA

LOUISIANA

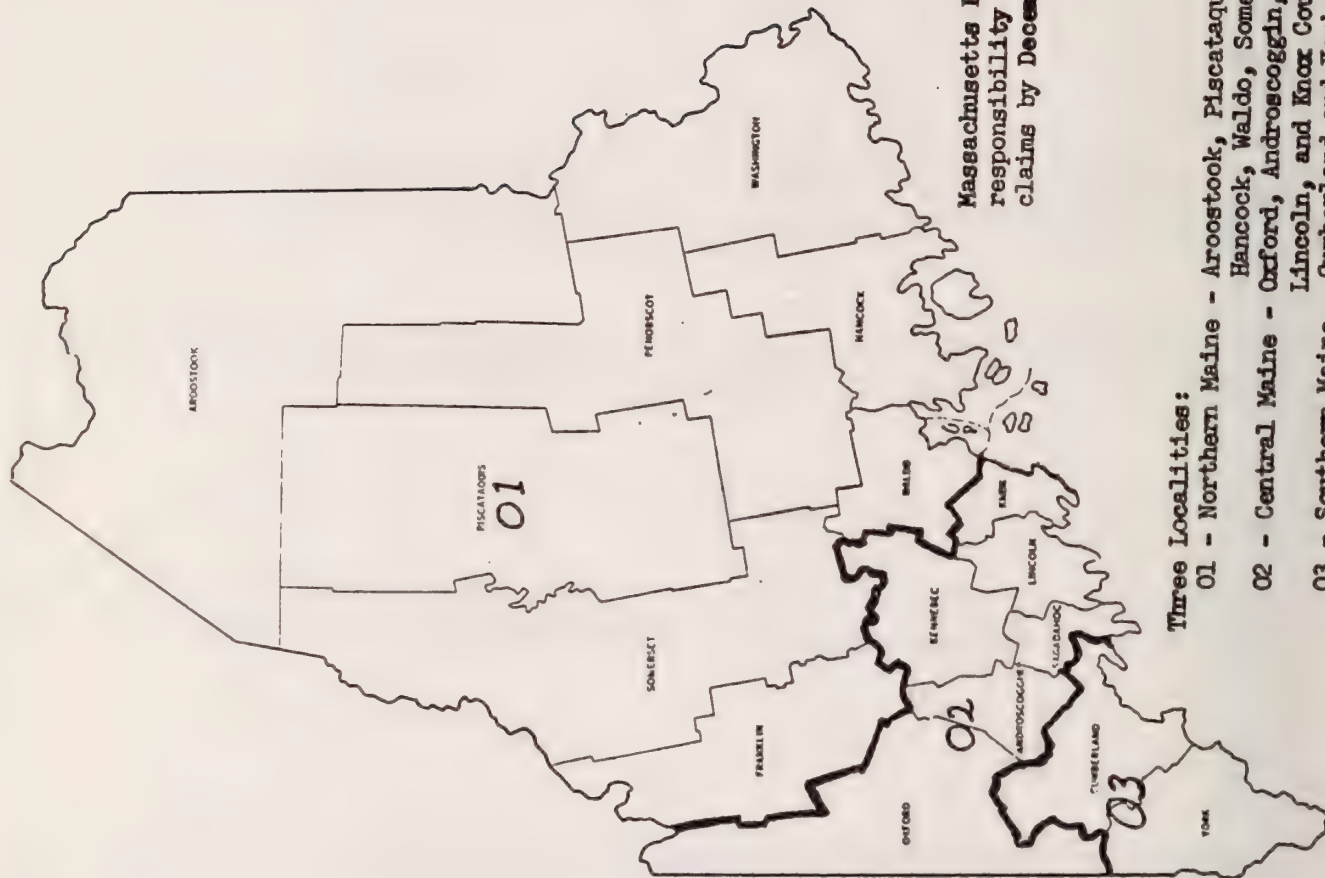
PAN-AMERICAN LIFE INSURANCE CO.

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	06	07	06	07	06	07	50
01 INITIAL LIMITED OFFICE VISIT	25.00	16.30	15.00	33.90	33.00	27.10	01
02 INITIAL COMP OFFICE VISIT	6.80	8.20	6.80	10.00	10.80	10.00	02
03 MINIMAL OFFICE VISIT	13.60	10.00	13.60	20.00	20.00	20.00	03
04 ROUTINE BRIEF OFFICE VISIT	30.00	20.30	25.00	30.00	30.00	35.00	04
05 ROUTINE BRIEF HOME VISIT	45.00	40.00	35.00	35.00	35.00	45.00	05
06 INITIAL BRIEF HOSPITAL VISIT	10.00	10.00	12.00	12.00	15.00	15.00	06
07 INITIAL COMP HOSPITAL VISIT	20.00	20.00	20.00	25.00	20.30	25.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	610.70	610.70	500.00	678.50	678.50	576.70	08
09 BIOPSY SKIN	678.50	678.50	678.50	678.50	678.50	678.50	09
10 RADICAL MASTECTOMY	15.00	15.00	13.60	15.00	13.60	15.00	10
11 REDUCTION OF FRACTURE	15.00	15.00	13.00	11.00	11.00	11.00	11
12 ARTHROTOMY	200.00	200.00	200.00	169.60	169.60	169.60	12
13 NEEDLE PUNCTURE OF BURSA	50.00	35.00	33.90	50.00	50.00	50.00	13
14 BRONCHOSCOPY	339.25	339.25	339.25	373.20	373.20	373.20	14
15 THORACENTESIS	750.00	750.00	750.00	750.00	750.00	750.00	15
16 CATHETERIZATION	17.00	16.20	17.20	19.80	19.40	19.60	16
17 INSERTION OF PACEMAKER	678.50	678.50	720.00	610.70	678.50	678.50	17
18 BLOOD TRANSFUSION	305.30	305.30	300.00	407.10	407.10	407.10	18
19 COLECTOMY	27.10	25.00	27.10	25.00	25.00	33.90	19
20 APPENDECTOMY	271.40	271.40	271.40	350.00	350.00	350.00	20
21 SIGMOIDOSCOPY	542.80	542.80	542.80	475.00	576.70	475.00	21
22 HEMORRHOIDECTOMY	315.00	290.00	300.00	339.25	350.00	325.00	22
23 CHOLECYSTECTOMY	45.00	45.00	54.20	40.00	45.00	54.20	23
24 REPAIR HERNIA	10.00	10.00	14.90	10.00	9.00	5.00	24
25 CYSTOSCOPY	678.50	678.50	678.50	610.70	678.50	678.50	25
26 DILATION OF URETHRA	610.70	610.70	542.80	542.80	610.70	610.70	26
27 PROSTATECTOMY	600.00	600.00	600.00	600.00	600.00	542.80	27
28 ELECTROSECTION OF PROSTATE	610.70	610.70	610.70	650.00	500.00	600.00	28
29 HYSTERECTOMY	15.00	15.00	16.30	20.00	20.00	18.00	29
30 EXTRACTION OF LENS	40.70	40.70	40.70	46.00	46.00	46.00	30
31 X-RAY CHEST	27.00	27.00	30.00	27.50	27.10	27.10	31
32 X-RAY SPINE	47.50	47.50	40.00	47.50	50.00	30.00	32
33 X-RAY HIP	45.00	45.00	40.70	49.00	49.00	26.00	33
34 X-RAY STOMACH	23.00	23.00	23.00	23.00	23.00	23.00	34
35 X-RAY COLON	33.90	33.90	33.90	33.90	33.90	33.90	35
36 COBALT	5.00	5.00	3.00	3.00	2.50	2.50	36
37 RADIOTHERAPY	3.00	3.00	3.00	3.00	3.00	3.00	37
38 HEMOGLOBIN	8.00	8.00	8.00	7.00	10.00	10.00	38
39 WHITE CELL COUNT	5.00	5.00	7.50	8.00	8.00	10.00	39
40 COMPLETE BLOOD COUNT	3.00	3.00	3.00	3.25	3.00	3.00	40
41 CHOLESTEROL BLOOD COUNT	7.00	6.75	6.75	4.00	5.00	5.00	41
42 HEMATOCRIT	6.00	6.00	6.00	5.00	5.00	5.00	42
43 PROTHROMBIN	8.00	7.00	7.00	7.00	6.00	8.00	43
44 SEDIMENTATION RATE	6.00	5.00	7.00	6.00	6.00	8.00	44
45 BLOOD SUGAR	6.00	7.00	7.00	6.00	7.00	8.00	45
46 BUN UREA NITROGEN	6.00	7.00	10.00	6.00	7.00	8.00	46
47 PAP TEST	18.00	15.00	20.00	15.00	4.00	4.00	47
48 URINALYSIS	63.50	63.50	63.50	63.50	20.00	15.00	48
49 ELECTROCARDIOGRAM					54.20	54.20	49
50 ELECTROENCEPHALOGRAPH							50

MAINE

MAINE



Massachusetts Blue Shield will assume full responsibility for paying Part B Medicare claims by December 1, 1977.

Three Localities:

- 01 - Northern Maine - Aroostook, Piscataquis, Penobscot, Washington, Hancock, Waldo, Somerset and Franklin Counties
- 02 - Central Maine - Oxford, Androscoggin, Kennebec, Sagadahoc, Lincoln, and Knox Counties
- 03 - Southern Maine - Cumberland and York Counties

1978 PREVAILING CHARGE SUMMARY DATA

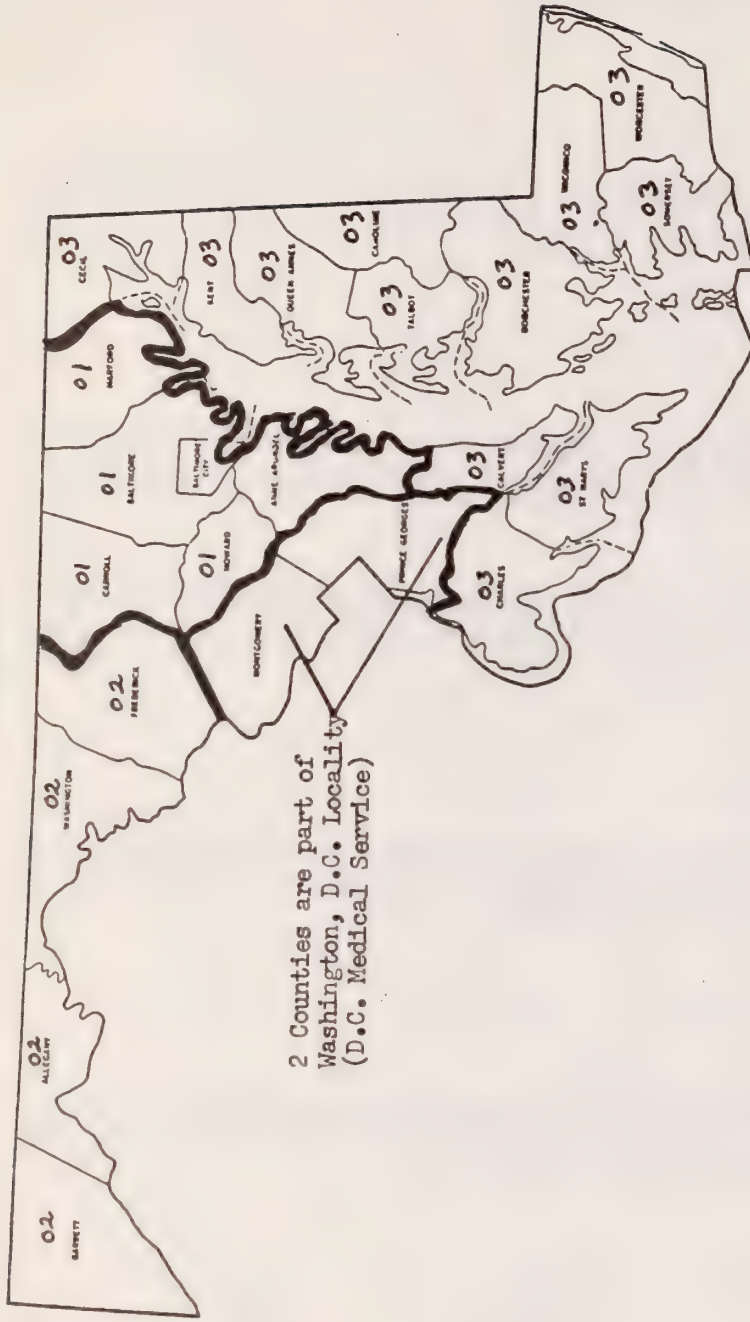
MAINE

UNION MUTUAL LIFE INSURANCE CO.

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 01	AREA 02	AREA 03	AREA 01	AREA 02	AREA 03
01 INITIAL LIMITED OFFICE VISIT	13.60	14.90	10.80	13.60	15.00	15.00
02 INITIAL COMP OFFICE VISIT	33.50	27.10	25.00	33.90	33.90	33.90
03 MINIMAL OFFICE VISIT	5.00	5.40	6.00	6.00	5.40	6.80
04 ROUTINE BRIEF OFFICE VISIT	8.20	9.00	9.50	10.00	10.00	10.00
05 ROUTINE BRIEF HOME VISIT	12.00	10.00	12.00	15.00	15.00	13.60
06 INITIAL BRIEF HOSPITAL VISIT	20.30	20.30	20.30	25.00	20.00	25.00
07 INITIAL COMP HOSPITAL VISIT	28.00	30.00	30.00	35.00	35.00	40.00
08 ROUTINE BRIEF HOSPITAL VISIT	8.00	9.50	10.00	10.00	10.80	12.00
09 BIOPSY SKIN	20.00	20.00	20.00	24.00	20.30	25.00
10 RADICAL MASTECTOMY	572.00	572.00	572.00	569.90	542.80	569.90
11 REDUCTION OF FRACTURE	610.00	610.00	610.00	610.70	610.70	610.70
12 ARTHROTOMY	14.25	15.00	15.00	25.00	25.00	25.00
13 NEEDLE PUNCTURE OF BURSA	15.00	15.00	15.00	18.00	18.00	17.00
14 BRONCHOSCOPY	120.00	120.00	120.00	120.00	101.80	120.00
15 THORACENTESIS	20.30	25.00	25.00	33.90	35.00	30.00
16 CATHETERIZATION	234.50*	269.50*	269.50*	276.50*	276.50*	276.50*
17 INSERTION OF PACEMAKER	750.00	750.00	750.00	750.00	750.00	750.00
18 BLOOD TRANSFUSION	13.60	15.00	15.00	13.60	13.60	14.10
19 COLECTOMY	600.00	542.80	600.00	600.00	600.00	678.50
20 APPENDECTOMY	268.00*	308.00*	308.00*	304.00*	271.40	300.00*
21 SIGMOIDOSCOPY	15.00	27.10	25.00	21.60	25.00	20.30
22 HEMORRHOIDECTOMY	225.00	210.00	174.00	203.60	203.60	240.00
23 CHOLECYSTECTOMY	407.10	407.10	439.70	420.00	450.00	472.00
24 REPAIR HERNIA	280.00	270.00	271.40	280.00	270.00	300.00
25 CYSTOSCOPY	37.50	37.50	37.50	64.00	64.00	64.00
26 DILATION OF URETHRA	24.00	20.30	15.00	15.00	15.00	15.00
27 PROSTATECTOMY	600.00	600.00	600.00	600.00	600.00	600.00
28 ELECTROSECTION OF PROSTATE	640.00	640.00	640.00	640.00	640.00	640.00
29 HYSTERECTOMY	610.00	420.00	610.00	664.90	664.90	664.90
30 EXTRACTION OF LENS	544.70	544.70	544.70	542.80	542.80	542.80
31 X-RAY CHEST	15.00	13.60	15.00	5.00	5.00	5.00
32 X-RAY SPINE	6.60	6.60	6.60	6.60	6.60	6.60
33 X-RAY HIP	12.50	12.50	12.50	6.60	6.60	6.60
34 X-RAY STOMACH	20.00	20.00	20.00	20.00	20.00	20.00
35 X-RAY COLON	19.80	19.80	19.80	6.60	6.60	6.60
36 COBALT	15.00	15.00	15.00	15.00	15.00	15.00
37 RADIO THERAPY	19.70	19.70	19.70	20.00	20.00	20.00
38 HEMOGLOBIN	2.00	3.00	2.00	3.00	3.00	2.00
39 WHITE CELL COUNT	4.00	3.00	3.00	4.00	4.00	1.00
40 COMPLETE BLOOD COUNT	8.00	8.00	5.00	10.00	8.00	6.00
41 CHOLESTEROL BLOOD COUNT	6.00	6.00	5.00	7.00	6.00	5.00
42 HEMATOCRIT	3.00	3.00	4.00	3.00	3.00	2.00
43 PROTHROMBIN	3.00	3.00	3.00	5.00	4.50	3.00
44 SEDIMENTATION RATE	6.00	5.00	5.00	5.00	5.00	2.50
45 BLOOD SUGAR	6.00	5.00	5.00	5.00	5.00	5.00
46 BUN UREA NITROGEN	6.50	6.50	6.50	7.00	6.00	5.00
47 PAP TEST	5.00	5.00	7.00	6.00	5.00	6.00
48 URINALYSIS	3.00	3.00	3.00	3.00	4.00	3.00
49 ELECTROCARDIOGRAM	20.00	19.00	20.00	17.50	20.00	20.00
50 ELECTROENCEPHALOGRAM	45.00	45.00	45.00	45.00	45.00	45.00

MARYLAND



2 Counties are part of
Washington, D.C. Locality
(D.C. Medical Service)

Three Localities: (Exclusive of Washington D.C. Locality.)

01 Baltimore City, Baltimore, Howard, Harford, Anne Arundel
and Carroll Counties

02 Frederick, Washington, Allegany and Garrett Counties

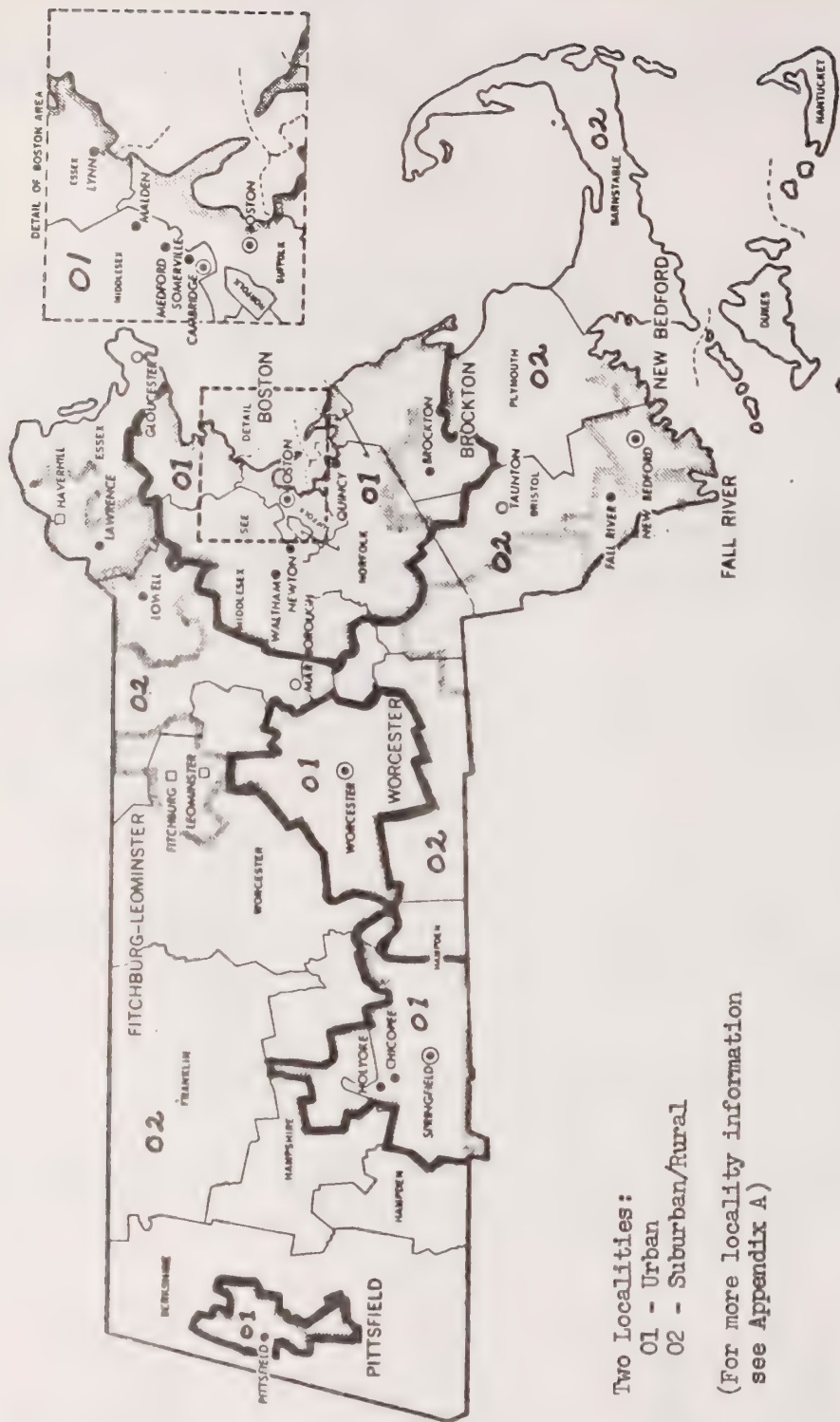
03 Calvert, Charles, St. Mary's, Cecil, Kent, Queen Anne's,
Caroline, Talbot, Dorchester, Wicomico, Somerset and
Worcester Counties

1978 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MARYLAND

MARYLAND

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST		
	ZONE 1	ZONE 2	ZONE 3	ZONE 1	ZONE 2	ZONE 3
01 INITIAL LIMITED OFFICE VISIT	9.50	10.00	9.50	13.60	10.80	13.00
02 INITIAL COMP OFFICE VISIT	33.90	35.00	25.00	67.90	55.00	50.00
03 MINIMAL OFFICE VISIT	9.50	4.00	3.50	5.00	5.00	5.00
04 ROUTINE BRIEF OFFICE VISIT	9.50	10.00	10.00	15.00	10.00	13.60
05 ROUTINE BRIEF HOME VISIT	13.60	13.60	13.60	20.40	18.60	16.30
06 INITIAL BRIEF HOSPITAL VISIT						
07 INITIAL COMP HOSPITAL VISIT	35.00	33.90	33.90	67.90	55.00	55.00
08 ROUTINE BRIEF HOSPITAL VISIT	13.60	9.50	10.00	13.60	13.60	13.60
09 BIOPSY SKIN	15.00	15.00	15.00	33.90	35.00	20.00
10 RADICAL MASTECTOMY				678.70	550.00	610.90
11 REDUCTION OF FRACTURE				678.70	678.70	678.70
12 ARTHROTOMY	20.00	15.00	20.00	33.90	27.10	27.10
13 NEEDLE PUNCTURE OF BURSA	15.00	15.00	20.00	30.00	27.10	20.40
14 BRONCHOSCOPY				135.70	135.70	135.70
15 THORACENTESIS	30.00	30.00	30.00	67.90	40.70	50.00
16 CATHETERIZATION				203.70	237.60	200.00
17 INSERTION OF PACEMAKER				600.00	400.00	300.00
18 BLOOD TRANSFUSION		25.00	25.00	29.90	29.90	29.90
19 COLECTOMY				678.70	575.00	678.70
20 APPENDECTOMY				339.40	271.50	325.00
21 SIGMOIDOSCOPY	20.00	25.00	25.00	40.00	30.00	27.10
22 HEMORRHOIDECTOMY				271.50	250.00	250.00
23 CHOLECYSTECTOMY				522.60	407.20	475.10
24 REPAIR HERNIA				339.40	271.50	293.20
25 CYSTOSCOPY				65.00	30.00	60.00
26 DILATION OF URETHRA	20.00		20.00	25.00	20.00	20.00
27 PROSTATECTOMY				746.60	702.00	746.60
28 ELECTROSESECTION OF PROSTATE				678.70	475.00	675.00
29 HYSTERECTOMY				678.70	575.00	610.90
30 EXTRACTION OF LENS				678.70	543.00	543.00
31 X-RAY CHEST	16.30	18.00	18.00	20.40	20.00	20.00
32 X-RAY SPINE	30.00		25.00	33.90	33.90	36.00
33 X-RAY HIP	20.00		20.00	27.10	20.00	20.40
34 X-RAY STOMACH	55.00		55.00	55.00	45.00	55.00
35 X-RAY COLON	35.00			54.30	40.00	55.00
36 COBALT				20.40	27.10	15.00
37 RADIO THERAPY						
38 HEMOGLOBIN	3.00	3.00	3.00	2.50	4.00	3.00
39 WHITE CELL COUNT	2.80	4.00	4.00	3.00	3.00	3.00
40 COMPLETE BLOOD COUNT	6.80	5.00	6.80	6.80	8.00	5.00
41 CHOLESTEROL BLOOD COUNT	5.00	5.00	6.00	5.00	5.50	5.00
42 HEMATOCRIT	3.00	1.75	3.00	3.00	3.00	3.00
43 PROTHROMBIN	5.00	5.00	6.00	5.00	4.00	4.00
44 SEDIMENTATION RATE	4.00	4.00	4.00	4.00	5.00	4.00
45 BLOOD SUGAR	5.00	5.00	5.00	5.00	5.00	2.50
46 BUN UREA NITROGEN	5.00	4.00	5.00	5.00	7.00	5.00
47 PAP TEST	7.20	8.00	6.00	9.00	6.50	6.50
48 URINALYSIS	3.00	2.00	3.00	4.00	3.00	3.00
49 ELECTROCARDIOGRAM	20.00	25.00	20.00	20.00	20.00	20.00
50 ELECTROENCEPHALOGRAPH				67.90		67.90

MASSACHUSETTS



Two Localities:

01 - Urban

02 - Suburban/Rural

(For more locality information see Appendix A)

1978 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS

MASSACHUSETTS

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	URBAN	SUBURB	URBAN	SUBURB
01 INITIAL LIMITED OFFICE VISIT				
02 INITIAL COMP OFFICE VISIT	20.00	15.00	33.90	33.90
03 MINIMAL OFFICE VISIT				
04 ROUTINE BRIEF OFFICE VISIT	10.00	10.00	15.00	13.60
05 ROUTINE BRIEF HOME VISIT	15.00	13.60	20.40	15.00
06 INITIAL BRIEF HOSPITAL VISIT				
07 INITIAL COMP HOSPITAL VISIT	20.40	20.40	33.90	33.90
08 ROUTINE BRIEF HOSPITAL VISIT	13.60	12.00	15.00	13.60
09 BIOPSY SKIN	20.00		33.90	20.40
10 RADICAL MASTECTOMY			650.00	575.00
11 REDUCTION OF FRACTURE			678.50	678.50
12 ARTHROTOMY	25.00	20.00	27.00	30.00
13 NEEDLE PUNCTURE OF BURSA	25.00	20.00	30.00	33.90
14 BRONCHOSCOPY			135.70	169.60
15 THORACENTESIS	30.00	40.00	47.50	47.50
16 CATHETERIZATION			250.00	211.60
17 INSERTION OF PACEMAKER			850.00	600.00
18 BLOOD TRANSFUSION			30.00	
19 COLECTOMY			800.00	678.50
20 APPENDECTOMY			339.25	339.25
21 SIGMOIDOSCOPY	33.90	25.00	33.90	33.90
22 HEMORRHOIDECTOMY			271.40	271.40
23 CHOLECYSTECTOMY			569.90	508.70
24 REPAIR HERNIA		237.50	339.25	305.30
25 CYSTOSCOPY			67.90	54.30
26 DILATION OF URETHRA		15.00	25.00	17.00
27 PROSTATECTOMY			720.00	610.70
28 ELECTROSECTION OF PROSTATE			678.00	542.80
29 HYSTERECTOMY			640.00	600.00
30 EXTRACTION OF LENS			678.00	650.00
31 X-RAY CHEST	20.40	20.00	20.40	20.50
32 X-RAY SPINE	20.00		27.10	26.50
33 X-RAY HIP			20.00	24.40
34 X-RAY STOMACH			54.30	53.00
35 X-RAY COLON			48.90	47.50
36 COBALT				
37 RADIO THERAPY			27.80	
38 HEMOGLOBIN	3.00	3.00	3.00	3.00
39 WHITE CELL COUNT	3.00	3.50	3.00	4.00
40 COMPLETE BLOOD COUNT	8.00	7.00	8.00	8.00
41 CHOLESTEROL BLOOD COUNT	6.00	7.00	6.50	6.00
42 HEMATOCRIT	3.00	3.00	4.00	3.00
43 PROTHROMBIN	6.00	7.00	6.00	5.50
44 SEDIMENTATION RATE	5.00	5.00	5.00	5.00
45 BLOOD SUGAR	6.00	5.00	5.00	5.00
46 BUN UREA NITROGEN	5.00	5.00	6.00	5.50
47 PAP TEST	10.00	10.00	10.00	7.50
48 URINALYSIS	4.00	4.00	5.00	5.00
49 ELECTROCARDIOGRAM	20.00	25.00	22.00	20.00
50 ELECTROENCEPHALOGRAPH			57.00	50.00

MICHIGAN



Three Localities:

- 1 - Metropolitan-Macomb, Oakland, Washtenaw, Wayne
- 2 - Urban-Arenac, Bay, Calhoun, Emmett, Genesee, Gladwin, Grand Traverse, Ingham, Iosco, Isabella, Jackson, Kalamazoo, Kent, Lapeer, Livingston, Mecosta, Midland, Monroe, Muskegon, Saginaw, St. Clair
- 3 - Rural-Rest of the State

1978 PREVAILING CHARGE SUMMARY DATA

MICHIGAN

B/C-B/S OF MICHIGAN

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

1

2

3

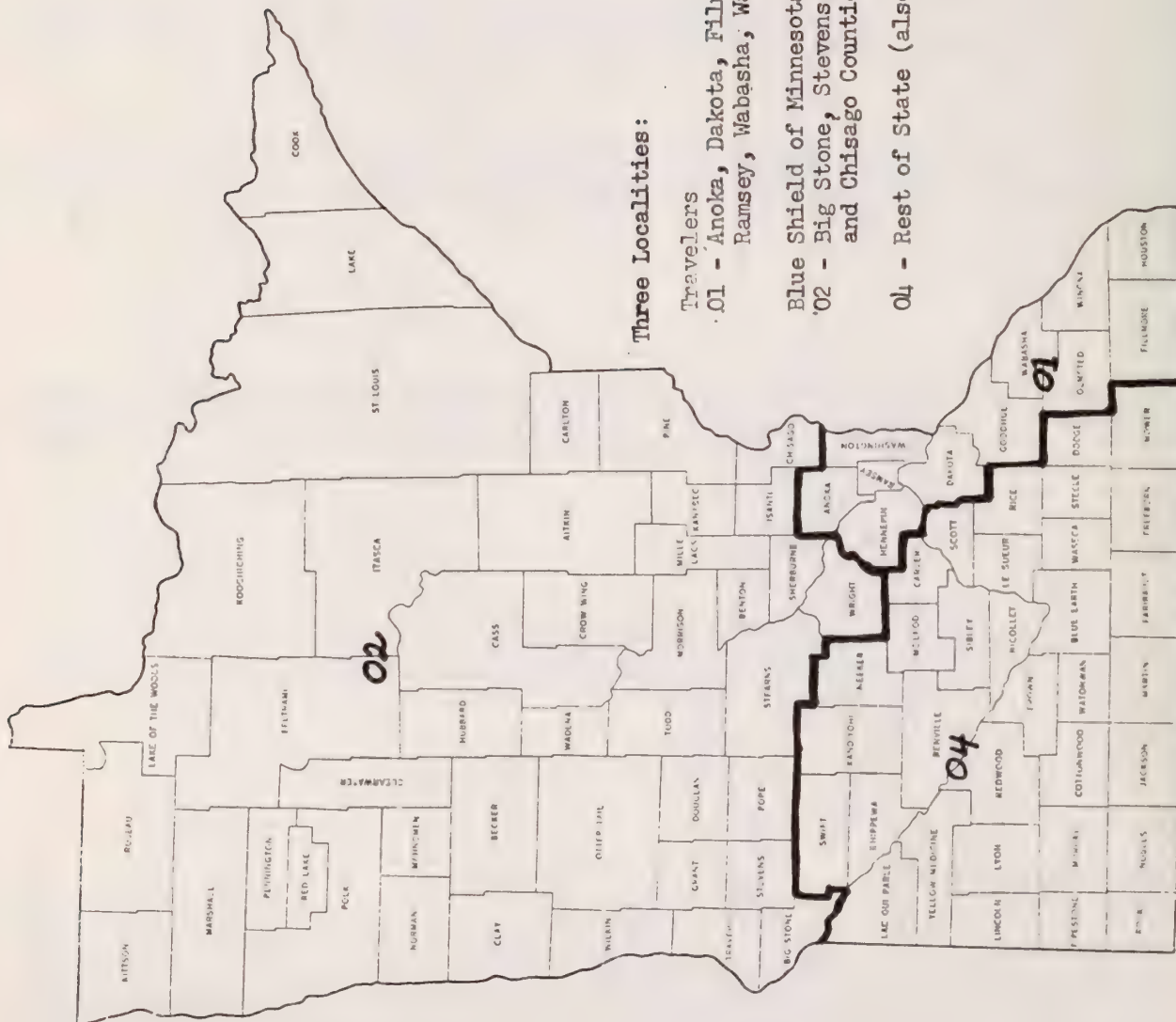
1

2

3

01 INITIAL LIMITED OFFICE VISIT	17.60	16.00	13.60	27.10	25.00	20.40	01
02 INITIAL COMP OFFICE VISIT	33.90	25.00	15.00	48.00	40.00	33.90	02
03 MINIMAL OFFICE VISIT	10.90	9.50	8.20	13.60	10.90	9.50	03
04 ROUTINE BRIEF OFFICE VISIT	10.90	9.50	8.20	13.60	10.90	9.50	04
05 ROUTINE BRIEF HOME VISIT	20.00	13.60	13.60	20.40	16.30	13.60	05
06 INITIAL BRIEF HOSPITAL VISIT	33.90	33.90	33.90	50.00	50.00	47.50	06
07 INITIAL COMP HOSPITAL VISIT	33.90	33.90	33.90	50.00	50.00	47.50	07
08 ROUTINE BRIEF HOSPITAL VISIT	13.10	11.00	9.80	15.20	13.10	12.70	08
09 BIOPSY SKIN	45.00	27.10	33.90	33.90	30.00	25.00	09
10 RADICAL MASTECTOMY	678.50	555.00	542.80	678.50	555.00	542.80	10
11 REDUCTION OF FRACTURE	252.00*	224.00*	203.60*	245.00*	260.00*	256.00*	11
12 ARTHROTOMY	33.90	30.00	22.50	33.90	30.50	27.10	12
13 NEEDLE PUNCTURE OF BURSA	33.90	25.00	23.75	27.10	24.00	20.00	13
14 BRONCHOSCOPY	175.00	142.50	135.70	169.60	142.50	130.00	14
15 THORACENTESIS	33.90	35.00	28.80	40.70	33.90	25.00	15
16 CATHETERIZATION	400.00	400.00	400.00	400.00	400.00	400.00	16
17 INSERTION OF PACEMAKER	300.00	750.00	750.00	800.00	750.00	750.00	17
18 BLOOD TRANSFUSION	33.00	18.00	18.00	18.00	18.00	18.00	18
19 COLECTOMY	752.00	616.00	620.50	678.50	651.40	570.00	19
20 APPENDECTOMY	335.00	271.40	250.00	335.00	305.30	271.40	20
21 SIGMOIDOSCOPY	27.10	30.00	25.00	33.90	27.10	25.00	21
22 HEMORRHOIDECTOMY	300.00	300.00	250.00	339.30	293.10	271.40	22
23 CHOLECYSTECTOMY	500.00	475.00	402.00	542.80	485.10	447.80	23
24 REPAIR HERNIA	270.00	270.00	237.50	339.30	271.40	244.30	24
25 CYSTOSCOPY	50.00	60.00	60.00	85.00	60.00	40.00	25
26 DILATION OF URETHRA	20.40	23.75	15.00	20.00	20.00	19.00	26
27 PROSTATECTOMY	650.00	588.00	515.00	650.00	600.00	610.70	27
28 ELECTROSECTION OF PROSTATE	619.10	588.00	508.90	650.00	600.00	610.70	28
29 HYSTERECTOMY	650.00	600.00	500.00	700.00	570.00	508.90	29
30 EXTRACTION OF LENS	630.00	588.00	542.80	630.00	576.70	542.80	30
31 X-RAY CHEST	13.00	13.00	13.00	13.00	10.00	13.00	31
32 X-RAY SPINE	22.40	20.00	20.00	20.00	18.00	20.00	32
33 X-RAY HIP	20.00	20.00	20.00	20.00	20.00	20.00	33
34 X-RAY STOMACH	47.50	45.00	45.00	46.00	45.00	40.70	34
35 X-RAY COLON	45.00	45.00	45.00	45.00	42.00	40.70	35
36 COBALT	25.00	25.00	25.00	25.00	25.00	25.00	36
37 RADIOTHERAPY	25.00	25.00	25.00	25.00	25.00	25.00	37
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	3.00	3.00	38
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	3.00	3.00	39
40 COMPLETE BLOOD COUNT	6.00	6.00	6.00	6.00	6.00	6.00	40
41 CHOLESTEROL BLOOD COUNT	5.00	5.00	5.00	5.00	5.00	5.00	41
42 HEMATOCRIT	3.00	3.00	3.00	3.00	3.00	3.00	42
43 PROTHROMBIN	5.00	5.00	5.00	5.00	5.00	5.00	43
44 SEDIMENTATION RATE	3.00	3.00	3.00	3.00	3.00	3.00	44
45 BLOOD SUGAR	4.00	4.00	4.00	4.00	4.00	4.00	45
46 BUN UREA NITROGEN	4.00	4.00	4.00	4.00	4.00	4.00	46
47 PAP TEST	5.00	5.00	5.00	5.00	5.00	5.00	47
48 URINALYSIS	3.00	3.00	3.00	3.00	3.00	3.00	48
49 ELECTROCARDIOGRAM	20.00	20.00	20.00	20.00	20.00	20.00	49
50 ELECTROENCEPHALOGRAPH	40.70	50.00	50.00	47.50	47.50	35.00	50

MINNESOTA



Three Localities:

Travelers

01 - Anoka, Dakota, Fillmore, Goodhue, Hennepin, Houston, Olmstead, Ramsey, Wabasha, Washington, and Winona Counties

Blue Shield of Minnesota

02 - Big Stone, Stevens, Pope, Stearns, Wright, Sherburne, Isanti, and Chisago Counties and all points North

04 - Rest of State (also excluding Travelers' localities)

1978 PREVAILING CHARGE SUMMARY DATA			THE TRAVELERS INSURANCE COMPANY		MINNESOTA	
PROCEDURE DESCRIPTION			LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
			AREA 1		AREA 1	
01	INITIAL LIMITED OFFICE VISIT		13.60		18.00	01
02	INITIAL COMP OFFICE VISIT		30.00		50.00	02
03	MINIMAL OFFICE VISIT		9.50		10.80	03
04	ROUTINE BRIEF OFFICE VISIT		15.00		20.00	04
05	ROUTINE BRIEF HOME VISIT		24.50		33.90	05
06	INITIAL BRIEF HOSPITAL VISIT		35.00		54.20	06
07	INITIAL COMP HOSPITAL VISIT		9.50		13.00	07
08	ROUTINE BRIEF HOSPITAL VISIT		24.00		26.00	08
09	BIOPSY SKIN		672.00		610.70	09
10	RADICAL MASTECTOMY		610.70		678.50	10
11	REDUCTION OF FRACTURE		15.00		17.50	11
12	ARTHROTOMY					12
13	NEEDLE PUNCTURE OF BURSA				162.80	13
14	BRONCHOSCOPY					14
15	THORACENTESIS					15
16	CATHETERIZATION				678.50	16
17	INSERTION OF PACEMAKER					17
18	BLOOD TRANSFUSION				746.40	18
19	COLECTOMY		678.50			19
20	APPENDECTOMY		20.30		27.10	20
21	SIGMOIDOSCOPY		271.40		312.10	21
22	HEMORRHOIDECTOMY		475.00		488.60	22
23	CHOLECYSTECTOMY		271.40		339.25	23
24	REPAIR HERNIA		40.00		40.00	24
25	CYSTOSCOPY		11.00		11.00	25
26	DILATION OF URETHRA					26
27	PROSTATECTOMY		660.00		610.70	27
28	ELECTROSECTION OF PROSTATE		475.00		610.70	28
29	HYSTERECTOMY				600.00	29
30	EXTRACTION OF LENS		15.00		14.90	30
31	X-RAY CHEST		25.20		28.50	31
32	X-RAY SPINE		25.20		27.10	32
33	X-RAY HIP		43.40		40.70	33
34	X-RAY STOMACH		40.70		40.70	34
35	X-RAY COLON		18.00		20.00	35
36	COBALT				18.50	36
37	RADIOTHERAPY		4.00		3.60	37
38	HEMOGLOBIN		4.00		4.00	38
39	WHITE CELL COUNT		13.00		13.00	39
40	COMPLETE BLOOD COUNT		7.50		8.00	40
41	CHOLESTEROL BLOOD COUNT		4.00		4.00	41
42	HEMATOCRIT		6.00		6.00	42
43	PROTHROMBIN		5.00		4.00	43
44	SEDIMENTATION RATE		8.00		7.00	44
45	BLOOD SUGAR		10.00		10.00	45
46	BUN UREA NITROGEN		5.00		5.00	46
47	PAP TEST		19.00		20.00	47
48	URINALYSIS		54.20		54.20	48
49	ELECTROCARDIOGRAM					49
50	ELECTROENCEPHALOGRAPH					50

1978 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MINNESOTA MINNESOTA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	04	02	04	02
01 INITIAL LIMITED OFFICE VISIT	9.00	10.60	12.60	12.00
02 INITIAL COMP OFFICE VISIT	38.50	40.70	50.00	40.70
03 MINIMAL OFFICE VISIT	5.00	5.60	5.30	7.00
04 ROUTINE BRIEF OFFICE VISIT	8.00	8.10	8.10	9.50
05 ROUTINE BRIEF HOME VISIT	15.00	15.00	16.00	10.00
06 INITIAL BRIEF HOSPITAL VISIT	25.00	20.40	30.00	30.00
07 INITIAL COMP HOSPITAL VISIT	40.00	41.30	50.00	48.90
08 ROUTINE BRIEF HOSPITAL VISIT	8.00	7.10	9.50	9.50
09 BIOPSY SKIN	20.00	20.40	25.90	25.90
10 RADICAL MASTECTOMY	560.00	564.00	475.00	476.40
11 REDUCTION OF FRACTURE	651.40	651.40	651.40	651.40
12 ARTHROTOMY	13.00	15.00	13.60	13.60
13 NEEDLE PUNCTURE OF BURSA	128.90	128.90	128.90	20.00
14 BRONCHOSCOPY	30.00	27.10	25.00	24.40
15 THORACENTESIS	255.00*	312.00*	228.00*	274.00*
16 CATHETERIZATION	800.00	779.10	800.00	779.10
17 INSERTION OF PACEMAKER	20.40*	32.00*	36.00*	39.00*
18 BLOOD TRANSFUSION	580.00	651.40	542.80	651.40
19 COLECTOMY	320.00	320.00	320.00	320.00
20 APPENDECTOMY	20.40	20.40	20.00	24.40
21 SIGMOIDOSCOPY	244.30	256.50	244.30	244.30
22 HEMORRHOIDECTOMY	522.40	488.50	450.00	488.50
23 CHOLECYSTECTOMY	271.40	285.00	285.00	305.30
24 REPAIR HERNIA	38.00	42.70	40.70	40.70
25 CYSTOSCOPY	15.00	18.00	16.50	16.50
26 DILATION OF URETHRA	651.40	651.40	651.40	651.40
27 PROSTATECTOMY	600.00	670.00	651.40	680.00
28 ELECTROSECTION OF PROSTATE	576.00	594.00	542.80	542.80
29 HYSTERECTOMY	542.80	660.00	542.80	542.80
30 EXTRACTION OF LENS	15.00	14.90	5.40	5.40
31 X-RAY CHEST	27.10	25.00	9.00	9.00
32 X-RAY SPINE	27.10	27.10	9.20	9.20
33 X-RAY HIP	46.00	45.00	21.70	21.70
34 X-RAY STOMACH	30.00	40.70	18.00	18.00
35 X-RAY COLON	15.00	15.00	15.00	15.00
36 COBALT	15.00	15.00	15.00	15.00
37 RADIOTHERAPY	3.50	3.60	3.90	3.00
38 HEMOGLOBIN	3.60	4.00	3.90	3.25
39 WHITE CELL COUNT	9.00	10.00	8.00	12.00
40 COMPLETE BLOOD COUNT	7.00	7.00	8.00	7.00
41 CHOLESTEROL BLOOD COUNT	3.00	3.00	4.00	4.00
42 HEMATOCRIT	7.00	6.00	7.80	5.00
43 PROTHROMBIN	4.20	5.00	4.00	4.00
44 SEDIMENTATION RATE	7.00	7.00	6.50	6.25
45 BLOOD SUGAR	7.20	7.00	7.00	7.00
46 BUN UREA NITROGEN	15.00	13.00	10.00	10.00
47 PAP TEST	4.25	4.00	3.00	4.00
48 URINALYSIS	20.00	20.00	18.00	18.00
49 ELECTROCARDIOGRAM	45.00	50.80	45.00	50.80
50 ELECTROENCEPHALOGRAM				

MISSISSIPPI

A map of Louisiana showing its 64 parishes. The map is divided into three regions: North Louisiana (labeled '01'), Central Louisiana (labeled '02'), and South Louisiana (labeled '03'). The parishes are labeled with their names. The map is oriented with North at the top. The Gulf of Mexico is visible on the right side. The map is a black and white line drawing.

(For more locality information
see Appendix A)

1978 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY MISSISSIPPI

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	AREA 1	AREA 2	AREA 1	AREA 2
01 INITIAL LIMITED OFFICE VISIT	10.00	10.00	10.00	13.60
02 INITIAL COMP OFFICE VISIT	13.60	20.00	27.10	35.00
03 MINIMAL OFFICE VISIT	3.00	4.00	5.00	8.00
04 ROUTINE BRIEF OFFICE VISIT	6.80	8.20	9.50	10.00
05 ROUTINE BRIEF HOME VISIT	13.60	15.00	13.60	16.30
06 INITIAL BRIEF HOSPITAL VISIT				
07 INITIAL COMP HOSPITAL VISIT	20.30	27.10	25.00	33.90
08 ROUTINE BRIEF HOSPITAL VISIT	6.00	6.00	6.80	10.00
09 BIOPSY SKIN	17.00	17.00	18.00	20.30
10 RADICAL MASTECTOMY	569.90	569.90	542.80	542.80
11 REDUCTION OF FRACTURE	610.70	512.00*	610.70	651.40
12 ARTHROTOMY	10.00	13.60	11.00	13.60
13 NEEDLE PUNCTURE OF BURSA				
14 BRONCHOSCOPY	122.10	96.00*	122.10	141.00
15 THORACENTESIS	20.00	20.00	20.00	32.90
16 CATHETERIZATION	199.50*	224.00*	206.50*	220.50*
17 INSERTION OF PACEMAKER	570.00*	640.00*	590.00*	650.00
18 BLOOD TRANSFUSION	11.40*	12.80*	13.20*	13.80*
19 COLECTOMY	565.90	512.00*	592.80	564.30
20 APPENDECTOMY	320.00	320.00	316.20	320.00
21 SIGMOIDSCOPY	20.30	20.00	20.30	30.00
22 HEMORRHOIDECTOMY	250.00	192.00*	225.00	258.60
23 CHOLECYSTECTOMY	407.10	450.00	475.00	500.00
24 REPAIR HERNIA	250.00	250.00	271.40	315.00
25 CYSTOSCOPY	33.90	32.00*	33.90	33.90
26 DILATION OF URETHRA	10.00	10.00	13.60	11.00
27 PROSTATECTOMY	542.80	512.00*	542.80	542.80
28 ELECTROSECTION OF PROSTATE	456.00*	512.00*	542.80	542.80
29 HYSTERECTOMY	550.00	555.00	550.00	555.00
30 EXTRACTION OF LENS	456.00*	512.00*	542.80	542.80
31 X-RAY CHEST	13.60	15.00	13.60	15.00
32 X-RAY SPINE	27.10	30.00	20.00	20.00
33 X-RAY HIP	15.00	15.00	15.00	15.00
34 X-RAY STOMACH	40.00	40.00	40.70	40.70
35 X-RAY COLON	40.00	40.70	40.00	40.70
36 COBALT	32.00*	35.50*	27.50*	25.00*
37 RADIOTHERAPY	25.60*	28.40*	25.00	25.00
38 HEMOGLOBIN	3.00	3.00	3.00	3.00
39 WHITE CELL COUNT	3.00	4.00	3.00	3.00
40 COMPLETE BLOOD COUNT	8.00	7.00	8.00	10.00
41 CHOLESTEROL BLOOD COUNT	5.00	6.00	7.00	7.00
42 HEMATOCRIT	3.00	3.50	3.00	5.00
43 PROTHROMBIN	5.00	6.00	7.00	6.00
44 SEDIMENTATION RATE	5.00	5.00	5.00	3.00
45 BLOOD SUGAR	6.00	6.00	6.00	6.00
46 BUN UREA NITROGEN	5.50	6.00	6.00	8.00
47 PAP TEST	7.50	7.50	8.00	8.00
48 URINALYSIS	3.00	4.00	4.00	5.00
49 ELECTROCARDIOGRAM	18.00	20.00	20.00	20.00
50 ELECTROENCEPHALOGRAPH	38.50*	50.00	55.00	55.00

Map of Kansas City, Missouri, showing county boundaries and names. Major cities like St. Joseph, Kansas City, and St. Louis are marked. Three lines are drawn across the map, labeled 1, 2, and 3, representing different localities. Line 1 runs from the northwest to the southeast. Line 2 runs from the north to the south. Line 3 runs from the west to the east. The map also shows various smaller towns and geographical features.

Even Localities:
1, 2, 3 - General American Life
01, 02, 03, 06 -Blue Shield of Kansas City - Missouri

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1978 PREVAILING CHARGE SUMMARY DATA

GENERAL AMERICAN LIFE INSURANCE

MISSOURI

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST		
	AREA 1	AREA 2	AREA 3	AREA 1	AREA 2	AREA 3
01 INITIAL LIMITED OFFICE VISIT	15.00	15.00	10.00	28.30	25.00	15.00
02 INITIAL COMP OFFICE VISIT	27.00	22.00	20.00	40.00	30.00	33.90
03 MINIMAL OFFICE VISIT	3.60	3.00	3.00	4.40	3.00	2.20
04 ROUTINE BRIEF OFFICE VISIT	9.50	8.80	6.80	12.00	10.80	9.25
05 ROUTINE BRIEF HOME VISIT	15.00	13.60	12.00	20.00	14.80	15.00
06 INITIAL BRIEF HOSPITAL VISIT	27.90	29.10	25.00	35.00	30.00	33.90
07 INITIAL COMP HOSPITAL VISIT	35.00	35.00	35.00	50.00	40.00	50.00
08 ROUTINE BRIEF HOSPITAL VISIT	12.00	10.00	8.70	13.40	10.80	10.20
09 BIO-PHY SKIN	20.00	20.00	20.00	25.00	25.00	25.00
10 RADICAL MASTECTOMY	600.00	600.00	600.00	600.00	589.00	600.00
11 REDUCTION OF FRACTURE	744.50	744.50	744.50	675.30	744.50	744.50
12 ARTHROTOMY	12.00	10.00	10.00	13.00	10.00	12.00
13 NEEDLE PUNCTURE OF BURSA	7.00	7.00	7.00	12.00	12.00	7.00
14 BRONCHOSCOPY	127.60	127.50	127.60	101.80	132.00	132.00
15 THORACENTESIS	25.00	25.00	25.00	50.00	35.00	40.40
16 CATHETERIZATION	275.00	275.00	275.00	150.00	150.00	150.00
17 INSERTION OF PACEMAKER	650.00	650.00	650.00	650.00	650.00	650.00
18 BLOOD TRANSFUSION	11.70	11.70	11.70	11.70	11.70	11.70
19 COLECTOMY	638.10	638.10	638.10	694.10	594.00	576.90
20 APPENDECTOMY	285.00	285.00	285.00	285.00	285.00	285.00
21 SIGMOIDOSCOPY	35.00	21.20	27.75	33.90	25.00	25.00
22 HEMORRHOIDECTOMY	276.50	276.50	276.50	271.50	300.00	200.00
23 CHOLECYSTECTOMY	425.40	425.40	450.00	500.00	472.30	450.00
24 REPAIR HERNIA	300.00	300.00	283.10	339.50	270.00	291.20
25 CYSTOSCOPY	37.20	37.20	37.20	40.00	44.80	37.20
26 DILATION OF URETHRA	15.00	15.00	12.00	12.00	13.60	15.00
27 PROSTATECTOMY	638.10	638.10	638.10	650.00	638.10	638.10
28 ELECTROSECTION OF PROSTATE	584.90	584.90	584.90	600.00	543.00	584.90
29 HYSTERECTOMY	531.75	531.75	531.75	600.00	531.75	531.75
30 EXTRACTION OF LENS	691.30	691.30	691.30	690.40	571.50	691.30
31 X-RAY CHEST	17.00	15.00	15.00	20.00	20.00	20.00
32 X-RAY SPINE	30.00	24.00	25.00	35.00	30.00	30.00
33 X-RAY HIP	25.00	28.00	25.00	20.00	20.00	20.00
34 X-RAY STOMACH	40.00	40.70	35.00	57.00	52.00	52.00
35 X-RAY COLON	38.00	38.00	38.00	52.00	49.50	49.50
36 COBALT	25.00	25.00	25.00	19.30	19.60	19.60
37 RADIO THERAPY	20.00	20.00	20.00	20.00	20.00	20.00
38 HEMOGLOBIN	3.00	2.00	3.00	3.00	3.00	3.25
39 WHITE CELL COUNT	3.00	3.50	3.00	3.00	3.00	3.25
40 COMPLETE BLOOD COUNT	8.00	8.00	6.00	8.00	8.00	5.00
41 CHOLESTEROL BLOOD COUNT	5.00	8.00	6.00	5.00	8.00	5.00
42 HEMATOCRIT	4.00	3.00	3.00	3.00	3.00	3.00
43 PROTHROMBIN	6.00	7.00	6.00	5.00	8.00	4.50
44 SEDIMENTATION RATE	5.00	6.00	5.00	5.00	10.00	5.00
45 BLOOD SUGAR	5.00	8.00	6.00	5.00	7.00	5.50
46 BUN UREA NITROGEN	5.00	8.00	5.00	5.00	8.00	6.00
47 PAP TEST	10.00	12.00	10.00	7.50	12.00	10.00
48 URINALYSIS	3.00	3.20	3.00	4.00	4.00	3.25
49 ELECTROCARDIOGRAM	20.00	20.00	15.00	18.00	20.00	17.00
50 ELECTROENCEPHALOGRAM	45.00	45.00	45.00	45.00	42.50	42.50

1978 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY, MISSOURI

MISSOURI

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

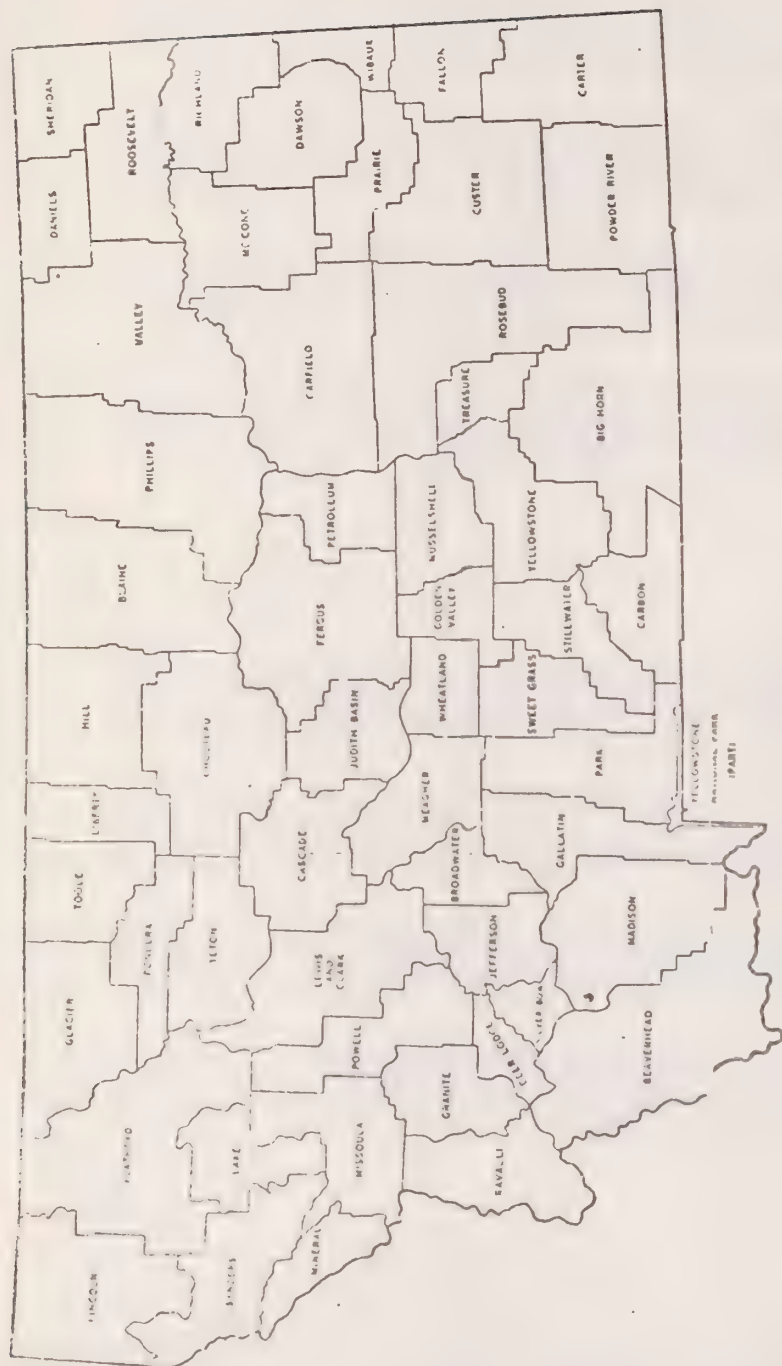
AREA 01 AREA 02 AREA 03 AREA 06

PROCEDURE DESCRIPTION

01 INITIAL LIMITED OFFICE VISIT	20.00	27.10	35.00	10.00	35.90	40.00	40.00	40.00	01
02 INITIAL COMP OFFICE VISIT	5.00	5.00	2.80	5.00	6.00	6.80	1.00	03	
03 MINIMAL OFFICE VISIT	9.50	8.20	10.00	6.80	9.50	12.00	13.50	04	
04 ROUTINE BRIEF OFFICE VISIT	18.00	10.00	15.00	10.00	10.00	20.30	10.20	05	
05 ROUTINE BRIEF HOME VISIT	25.00	25.00	35.00	25.00	30.75	35.00	33.90	06	
06 INITIAL BRIEF HOSPITAL VISIT	25.00	33.90	47.50	25.00	47.50	50.00	33.90	07	
07 INITIAL COMP HOSPITAL VISIT	10.00	12.00	13.60	9.50	13.60	16.00	12.50	08	
08 ROUTINE BRIEF HOSPITAL VISIT	25.00	25.00	20.00	25.00	25.00	20.00	25.00	09	
09 BIOPSY SKIN	606.00	610.70	610.70	600.00	606.00	678.50	678.50	10	
10 RADICAL MASTECTOMY	640.00*	576.00*	616.00*	584.00*	688.00*	720.00*	720.00*	11	
11 REDUCTION OF FRACTURE	8.00	21.00	15.00	10.00	18.00	16.00	10.00	12	
12 ARTHROTOMY	13.60	13.60	13.60	13.60	15.00	15.00	15.00	13	
13 NEEDLE PUNCTURE OF BURSA	135.70	135.70	135.70	135.70	125.00	125.00	125.00	14	
14 BRONCHOSCOPY	35.00	35.00	30.00	33.90	47.50	47.50	47.50	15	
15 THORACENTESIS	200.00	150.00	200.00	200.00	200.00	200.00	200.00	16	
16 CATHETERIZATION	625.00	625.00	635.00	625.00	635.00	635.00	635.00	17	
17 INSERTION OF PACEMAKER	16.00*	14.40*	15.40*	14.50*	17.00*	19.00*	19.40*	18	
18 BLOOD TRANSFUSION	678.50	678.50	678.50	725.00	650.00	650.00	698.80	19	
19 COLECTOMY	352.90	352.90	352.90	352.90	352.90	352.90	352.90	20	
20 APPENDECTOMY	25.00	20.30	25.00	25.00	26.00	25.00	33.90	21	
21 SIGMOIDOSCOPY	271.40	271.40	271.40	237.50	285.00	300.00	285.00	22	
22 HEMORRHOIDECTOMY	500.00	500.00	500.00	500.00	475.00	542.80	560.00	23	
23 CHOLECYSTECTOMY	298.50	298.50	298.50	291.70	339.25	300.00	339.25	24	
24 REPAIR HERNIA	36.50	66.00	65.00	67.90	36.50	65.00	65.00	25	
25 CYSTOSCOPY	23.00	23.00	23.00	23.00	23.00	23.00	23.00	26	
26 DILATION OF URETHRA	726.10	726.10	726.10	726.10	678.50	726.10	678.50	27	
27 PROSTATECTOMY	530.00	610.70	610.70	450.00	530.00	610.70	610.70	28	
28 ELECTROSECTION OF PROSTATE	563.10	563.10	563.10	563.10	600.00	600.00	600.00	29	
29 HYSTERECTOMY	600.00	600.00	600.00	600.00	600.00	600.00	600.00	30	
30 EXTRACTION OF LENS	25.00	18.00	20.00	15.00	15.00	16.50	15.00	31	
31 X-RAY CHEST	30.00	30.00	27.10	25.00	30.00	30.00	30.00	32	
32 X-RAY SPINE	20.00	20.00	20.30	18.00	20.30	20.30	20.30	33	
33 X-RAY HIP	45.00	45.00	45.00	40.00	40.00	40.00	40.00	34	
34 X-RAY STOMACH	18.30	18.30	40.00	40.00	38.00	38.00	38.00	35	
35 X-RAY COLON								36	
36 COBALT								37	
37 RADIO THERAPY								38	
38 HEMOGLOBIN	2.00	4.00	5.00	3.00	3.25	6.00	3.50	39	
39 WHITE CELL COUNT	5.00	5.00	7.00	4.00	4.00	5.00	4.00	40	
40 COMPLETE BLOOD COUNT	8.00	10.00	9.00	8.00	8.75	10.00	9.00	41	
41 CHOLESTEROL BLOOD COUNT	6.50	6.00	7.00	8.00	7.50	5.00	6.00	42	
42 HEMATOCRIT	3.00	3.00	5.00	3.00	3.25	3.50	3.50	43	
43 PROTHROMBIN	6.00	7.00	6.00	6.00	6.00	7.00	6.00	44	
44 SEDIMENTATION RATE	5.00	6.00	6.00	7.00	5.50	7.00	5.00	45	
45 BLOOD SUGAR	7.00	6.00	7.00	6.00	7.50	5.00	6.00	46	
46 BUN UREA NITROGEN	6.00	6.00	6.00	6.00	7.50	10.00	6.00	47	
47 PAP TEST	9.00	9.00	10.00	10.00	9.25	6.50	8.00	48	
48 URINALYSIS	2.75	5.00	6.00	3.00	5.00	5.00	5.00	49	
49 ELECTROCARDIOGRAM	17.50	20.00	20.00	15.00	20.00	22.00	20.00	50	
50 ELECTROENCEPHALOGRAPH	40.00	40.00	40.00	40.00	25.00	25.00	25.00		

MONTANA

MONTANA



One Locality - Statewide

1978 PREVAILING CHARGE SUMMARY DATA MONTANA PHYSICIANS SERVICE MONTANA LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	MT	MT
01 INITIAL LIMITED OFFICE VISIT	12.00	16.00
02 INITIAL COMP OFFICE VISIT	40.00	47.50
03 MINIMAL OFFICE VISIT	5.89	7.27
04 ROUTINE BRIEF OFFICE VISIT	9.00	9.77
05 ROUTINE BRIEF HOME VISIT	15.00	16.28
06 INITIAL BRIEF HOSPITAL VISIT	22.50	26.10
07 INITIAL COMP HOSPITAL VISIT	40.71	56.99
08 ROUTINE BRIEF HOSPITAL VISIT	9.50	9.77
09 BIOPSY SKIN	20.75	20.13
10 RADICAL MASTECTOMY		
11 REDUCTION OF FRACTURE		624.22
12 ARTHROTOMY	22.55	22.55
13 NEEDLE PUNCTURE OF BURSA	22.55	
14 BRONCHOSCOPY		153.34
15 THORACENTESIS	21.60	40.59
16 CATHETERIZATION		
17 INSERTION OF PACEMAKER	9.00	721.60
18 BLOOD TRANSFUSION	811.80	9.02
19 COLECTOMY		595.00
20 APPENDECTOMY	27.06	
21 SIGMOIDOSCOPY		27.06
22 HEMORRHOIDECTOMY		370.60
23 CHOLECYSTECTOMY	315.70	491.91
24 REPAIR HERNIA		305.33
25 CYSTOSCOPY	27.06	40.00
26 DILATION OF URETHRA		27.06
27 PROSTATECTOMY		624.22
28 ELECTROSECTION OF PROSTATE		624.22
29 HYSTERECTOMY		631.40
30 EXTRACTION OF LENS		624.22
31 X-RAY CHEST	16.50	16.50
32 X-RAY SPINE	28.50	28.50
33 X-RAY HIP	20.36	23.31
34 X-RAY STOMACH	56.99	56.99
35 X-RAY COLON	48.85	48.85
36 COBALT		19.64
37 RADIO THERAPY	38.90	38.85
38 HEMOGLOBIN	3.00	2.71
39 WHITE CELL COUNT	3.00	2.75
40 COMPLETE BLOOD COUNT	8.00	8.40
41 CHOLESTEROL BLOOD COUNT	7.00	7.70
42 HEMATOCRIT	3.00	2.75
43 PROTHROMBIN	5.00	5.43
44 SEDIMENTATION RATE	4.20	4.75
45 BLOOD SUGAR	6.00	6.79
46 BUN UREA NITROGEN	7.00	8.75
47 PAP TEST	6.00	10.18
48 URINALYSIS	4.00	4.07
49 ELECTROCARDIOGRAM		24.43
50 ELECTROENCEPHALOGRAPH	22.50	59.28

[illegible]

- 1 - Douglas and Lancaster Counties
- 3 - Counties over 25,000 population - Adams, Buffalo, Dodge, Gage, Hall, Lincoln, Madison, Platte, Sary, Scotts Bluff
- 4 - Remaining 81 counties under 25,000 population

1978 PREVAILING CHARGE SUMMARY DATA MUTUAL OF OMAHA INSURANCE CO.

NEBRASKA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST			
	REG I	REG III	REG IV		REG I	REG III	REG IV	
01 INITIAL LIMITED OFFICE VISIT	17.70	20.00	20.00		20.40	20.40	20.40	01
02 INITIAL COMP OFFICE VISIT	40.00	40.00	30.00		50.00	40.70	47.50	02
03 MINIMAL OFFICE VISIT	8.20	8.00	6.80		10.00	8.20	6.80	03
04 ROUTINE BRIEF OFFICE VISIT	15.00	13.60	12.00		20.40	13.60	13.60	04
05 ROUTINE BRIEF HOME VISIT	27.10	25.00	20.40		40.70	30.00	25.00	05
06 INITIAL BRIEF HOSPITAL VISIT	50.00	40.00	35.00		54.30	50.00	54.30	06
07 INITIAL COMP HOSPITAL VISIT	9.50	8.20	8.20		11.00	9.50	8.20	07
08 ROUTINE BRIEF HOSPITAL VISIT	25.00	25.00	20.40		25.00	25.00	20.40	08
09 BIOPSY SKIN	556.50	509.10	556.50		610.90	509.10	576.90	09
10 RADICAL MASTECTOMY		597.30	543.00		650.00	597.30	543.00	10
11 REDUCTION OF FRACTURE	15.00	13.60	10.00		15.00	13.75	13.60	11
12 ARTHROTOMY	15.00	10.00	13.60		15.00	13.00	13.60	12
13 NEEDLE PUNCTURE OF BURSA	135.70	135.70	135.70		135.70	135.70	135.70	13
14 BRONCHOSCOPY	25.00	25.00	25.00		33.90	35.00	35.00	14
15 THORACENTESIS	750.00		750.00		248.50*			15
16 CATHETERIZATION	15.00		15.00		750.00			16
17 INSERTION OF PACEMAKER	678.70		600.00		15.00		15.00	17
18 BLOOD TRANSFUSION	298.60	298.60	298.60		678.70	543.00	675.00	18
19 COLECTOMY	20.00	20.00	20.40		298.60	298.60	298.60	19
20 APPENDECTOMY	225.00	200.00	225.00		20.40	20.40	20.40	20
21 SIGMOIDOSCOPY	407.20	407.20	407.20		225.00	200.00	225.00	21
22 HEMORRHOIDECTOMY	270.00	270.00	270.00		488.70	407.20	407.20	22
23 CHOLECYSTECTOMY	15.00	15.00	15.00		325.75	271.50	271.50	23
24 REPAIR HERNIA		40.70	35.00		35.00	45.00	35.00	24
25 CYSTOSCOPY			15.00		15.00	13.00	16.00	25
26 DILATION OF URETHRA			597.30		597.30	597.30	597.30	26
27 PROSTATECTOMY			543.00		543.00	543.00	543.00	27
28 ELECTROSECTION OF PROSTATE		400.00	543.00		550.00	400.00	543.00	28
29 HYSTERECTOMY					475.10	509.10		29
30 EXTRACTION OF LENS					21.00			30
31 X-RAY CHEST	18.50	17.50	15.00		33.90	36.00		31
32 X-RAY SPINE	27.10	30.00	25.00		28.50			32
33 X-RAY HIP	20.00	15.00	20.00		61.00			33
34 X-RAY STOMACH	44.00		50.00		54.30	54.30		34
35 X-RAY COLON	40.70		40.70		17.70	15.00		35
36 COBALT					28.00		27.10	36
37 RADIO THERAPY					4.00	4.00	4.00	37
38 HEMOGLOBIN	4.00	4.00	3.25		4.00	4.00	4.00	38
39 WHITE CELL COUNT	9.00	8.00	3.00		9.00	8.00	3.00	39
40 COMPLETE BLOOD COUNT	8.00	7.00	10.00		8.00	8.00	8.50	40
41 CHOLESTEROL BLOOD COUNT	4.00	3.00	8.00		3.00	6.50	6.00	41
42 HEMATOCRIT	8.00	6.00	6.00		6.50	6.00	3.00	42
43 PROTHROMBIN	5.00	5.00	5.00		3.50	4.00	6.50	43
44 SEDIMENTATION RATE	6.50	6.50	6.50		7.00	6.50	4.25	44
45 BLOOD SUGAR	8.50	7.00	6.50		7.00	7.00	8.00	45
46 BUN UREA NITROGEN	10.00	7.50	10.00		10.00	7.50	8.00	46
47 PAP TEST	4.00	4.00	4.50		4.75	4.50	10.00	47
48 URINALYSIS	20.40	19.00	20.00		20.00	18.00	4.25	48
49 ELECTROCARDIOGRAM					50.00		20.00	49
50 ELECTROENCEPHALOGRAM							50.00	50

Map of Nevada showing county boundaries and names. The map includes labels for major cities like Reno, Sparks, Elko, Ely, and Las Vegas, and county names like Washoe, Persimmon, Humboldt, and Lincoln. The map is divided into sections, many of which are labeled '99'. The map is oriented with Reno at the top left and Las Vegas at the bottom right.

- 01 - Las Vegas, North Las Vegas, Henderson, and Boulder City
- 02 - Reno, Carson City, and Sparks
- 03 - Elko and Ely
- 99 - Rest of State

(The city boundaries are the exact boundaries of the localities.)

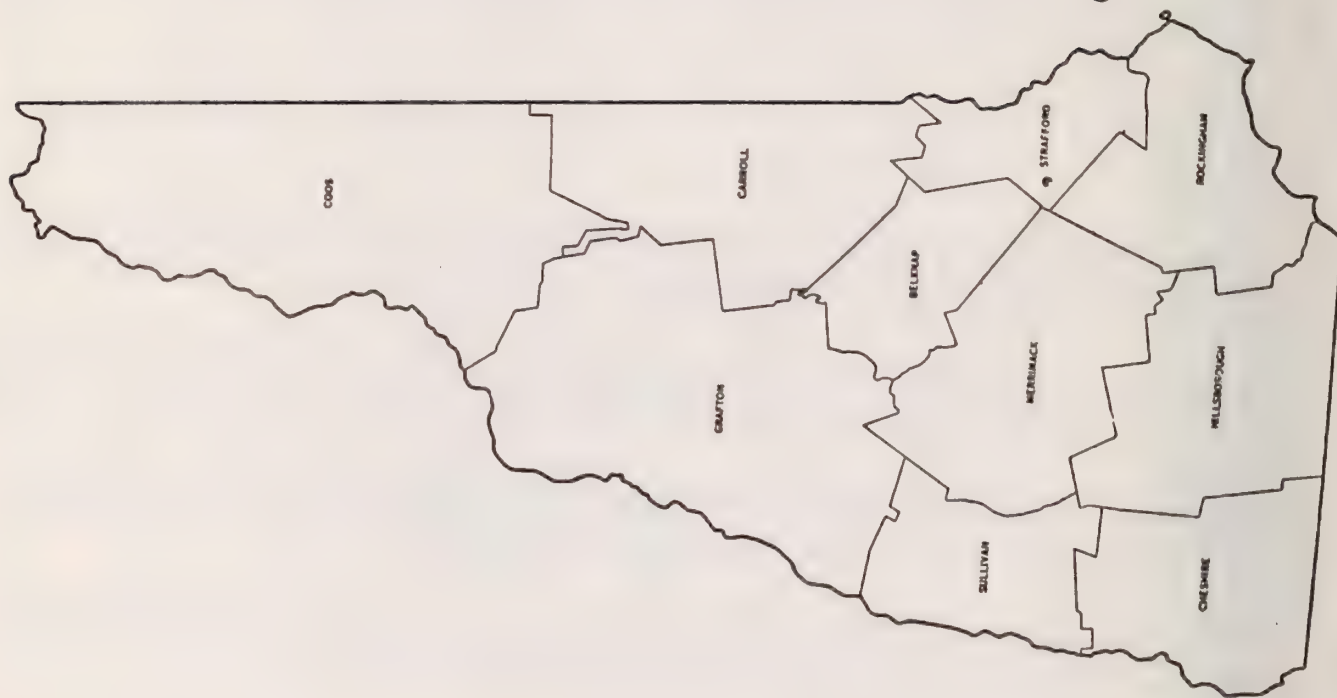
1978 PREVAILING CHARGE SUMMARY DATA

NEVADA

91

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST		
	01	02	03	01	02	03
01 INITIAL LIMITED OFFICE VISIT	20.00	20.00	16.30	20.30	20.00	20.00
02 INITIAL COMP OFFICE VISIT	65.00	57.00	65.00	74.70	59.50	65.00
03 MINIMAL OFFICE VISIT	5.00	6.80	6.80	7.35	8.20	8.20
04 ROUTINE BRIEF OFFICE VISIT	12.50	10.80	10.20	13.60	15.00	11.60
05 ROUTINE BRIEF HOME VISIT	25.00	20.00	20.00	16.60	16.00	16.00
06 INITIAL BRIEF HOSPITAL VISIT	33.90	33.90	33.90	33.90	33.90	33.90
07 INITIAL COMP HOSPITAL VISIT	74.70	65.00	72.00	80.00	59.50	75.00
08 ROUTINE BRIEF HOSPITAL VISIT	13.60	12.00	12.90	20.30	15.00	18.25
09 BIOPSY SKIN	31.00	31.00	31.00	30.00	31.00	31.00
10 RADICAL MASTECTOMY	735.00*	700.00*	777.00*	735.00*	700.00*	777.00*
11 REDUCTION OF FRACTURE	840.00*	990.00	990.00	990.00	868.50	990.00
12 ARTHROTOMY	24.50	20.30	20.30	20.30	22.00	20.30
13 NEEDLE PUNCTURE OF BURSA	23.00	24.00	23.00	20.30	15.00	20.00
14 BRONCHOSCOPY	172.40	172.40	172.40	171.00	162.80	183.20
15 THORACENTESIS	40.00	40.00	40.00	39.00	39.00	39.00
16 CATHETERIZATION	367.50*	280.00	404.70	367.50*	350.00*	388.50*
17 INSERTION OF PACEMAKER	800.00	800.00	800.00	800.00	800.00	800.00
18 BLOOD TRANSFUSION	21.00*	20.00*	16.30	16.30	16.30	22.20*
19 COLECTOMY	977.00	960.00	960.00	977.00	960.00	960.00
20 APPENDECTOMY	420.00*	464.00	464.00	455.90	464.00	464.00
21 SIGMOIDOSCOPY	36.70	33.90	33.00	40.00	31.00	36.70
22 HEMORRHOIDECTOMY	315.00*	350.00	373.20	373.20	342.00	373.20
23 CHOLECYSTECTOMY	725.00	651.40	725.00	725.00	726.10	651.40
24 REPAIR HERNIA	398.90	398.90	407.10	450.00	434.20	380.00
25 CYSTOSCOPY	52.50*	54.00	70.00	52.50*	50.00*	55.50*
26 DILATION OF URETHRA	15.00	20.00	20.00	15.00	20.30	20.00
27 PROSTATECTOMY	840.00*	800.00*	888.00*	840.00*	800.00*	888.00*
28 ELECTROSECTION OF PROSTATE	970.00	920.00	960.00	912.00	960.00	960.00
29 HYSTERECTOMY	735.00*	720.00	720.00	735.00*	700.00*	777.00*
30 EXTRACTION OF LENS	882.10	882.10	882.10	882.10	868.50	882.00
31 X-RAY CHEST	20.00	20.30	17.70	16.30	16.30	16.30
32 X-RAY SPINE	28.50	33.90	29.40	30.00	30.00	30.00
33 X-RAY HIP	33.90	33.00	33.90	27.10	30.50	30.50
34 X-RAY STOMACH	58.60	54.20	65.00	58.60	62.00	60.00
35 X-RAY COLON	52.00	52.00	61.00	48.80	65.00	65.00
36 COBALT	26.70*	30.00	30.00	26.70*	30.90*	27.90*
37 RADIO THERAPY	35.60*	35.00	35.00	35.60*	41.20*	37.20*
38 HEMOGLOBIN	5.00	5.00	5.00	5.00	5.00	5.00
39 WHITE CELL COUNT	3.00	3.00	3.00	4.50	4.50	4.50
40 COMPLETE BLOOD COUNT	10.00	11.00	12.00	10.00	10.00	10.00
41 CHOLESTEROL BLOOD COUNT	10.00	10.00	10.00	8.00	12.50	12.50
42 HEMATOCRIT	5.00	3.00	3.85	4.00	4.00	4.00
43 PROTHROMBIN	10.00	8.00	8.00	6.50	7.00	7.00
44 SEDIMENTATION RATE	10.00	6.05	6.05	5.00	6.00	6.00
45 BLOOD SUGAR	10.00	10.00	10.00	8.00	8.50	8.50
46 BUN UREA NITROGEN	8.50	8.50	8.50	8.00	8.50	8.50
47 PAP TEST	10.00	7.50	10.00	10.00	10.00	10.00
48 URINALYSIS	6.00	5.00	6.05	5.00	5.00	5.00
49 ELECTROCARDIOGRAM	32.00	30.00	32.00	25.00	28.00	28.00
50 ELECTROENCEPHALOGRAM	79.80*	67.90	74.90*	85.40*	81.20*	93.10*

NEW HAMPSHIRE



One Locality - Statewide

1978 PREVAILING CHARGE SUMMARY DATA

NEW HAMPSHIRE-VERMONT B/S

NEW HAMPSHIRE

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	01
01 INITIAL LIMITED OFFICE VISIT	12.00	17.00
02 INITIAL COMP OFFICE VISIT	25.00	33.90
03 MINIMAL OFFICE VISIT	4.80*	5.80*
04 ROUTINE BRIEF OFFICE VISIT	9.50	10.90
05 ROUTINE BRIEF HOME VISIT	12.00	13.60
06 INITIAL BRIEF HOSPITAL VISIT	27.50	33.90
07 INITIAL COMP HOSPITAL VISIT	30.00	35.00
08 ROUTINE BRIEF HOSPITAL VISIT	9.50	13.00
09 BIOPSY SKIN	20.40	20.00
10 RADICAL MASTECTOMY	568.80*	560.00
11 REDUCTION OF FRACTURE	695.20*	675.00
12 ARTHROTOMY	15.00	16.30
13 NEEDLE PUNCTURE OF BURSA	16.00	11.20*
14 BRONCHOSCOPY	113.80*	125.00
15 THORACENTESIS	25.00	25.00
16 CATHETERIZATION	210.00*	210.00*
17 INSERTION OF PACEMAKER	632.00*	682.00*
18 BLOOD TRANSFUSION	13.60	14.90*
19 COLECTOMY	568.80*	600.00
20 APENDECTOMY	300.20*	315.00
21 SIGMOIDOSCOPY	25.00	30.00
22 HEMORRHOIDECTOMY	450.00	475.00
23 CHOLECYSTECTOMY	250.00	300.00
24 REPAIR HERNIA	63.20*	68.00
25 CYSTOSCOPY	25.30*	27.10*
26 DILATION OF URETHRA	632.00*	651.40
27 PROSTATECTOMY	632.00*	625.00
28 ELECTROSECTION OF PROSTATE	568.80*	560.00
29 HYSTERECTOMY	632.00*	500.00
30 EXTRACTION OF LENS		7.00
31 X-RAY CHEST		26.00
32 X-RAY SPINE		7.00
33 X-RAY HIP		21.70
34 X-RAY STOMACH		21.00
35 X-RAY COLON		12.00
36 COBALT		15.00*
37 RADIOTHERAPY		3.00
38 HEMOGLOBIN	3.00	3.00
39 WHITE CELL COUNT	3.00	2.40
40 COMPLETE BLOOD COUNT	7.00	7.00
41 CHOLESTEROL BLOOD COUNT	6.00	7.00
42 HEMATOCRIT	3.00	3.00
43 PROTHROMBIN	6.00	5.00
44 SEDIMENTATION RATE	5.00	3.00
45 BLOOD SUGAR	6.00	5.50
46 BUN UREA NITROGEN	6.00	5.00
47 PAP TEST	6.00	6.00
48 URINALYSIS	4.00	4.00
49 ELECTROCARDIOGRAM	20.00	20.00
50 ELECTROENCEPHALOGRAM	42.00*	40.00

NEW JERSEY



Three Localities:

- 01 Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren Counties
- 02 Burlington, Mercer, Monmouth, and Ocean Counties
- 03 Atlantic, Camden, Cape May, Cumberland, Gloucester, Salem Counties

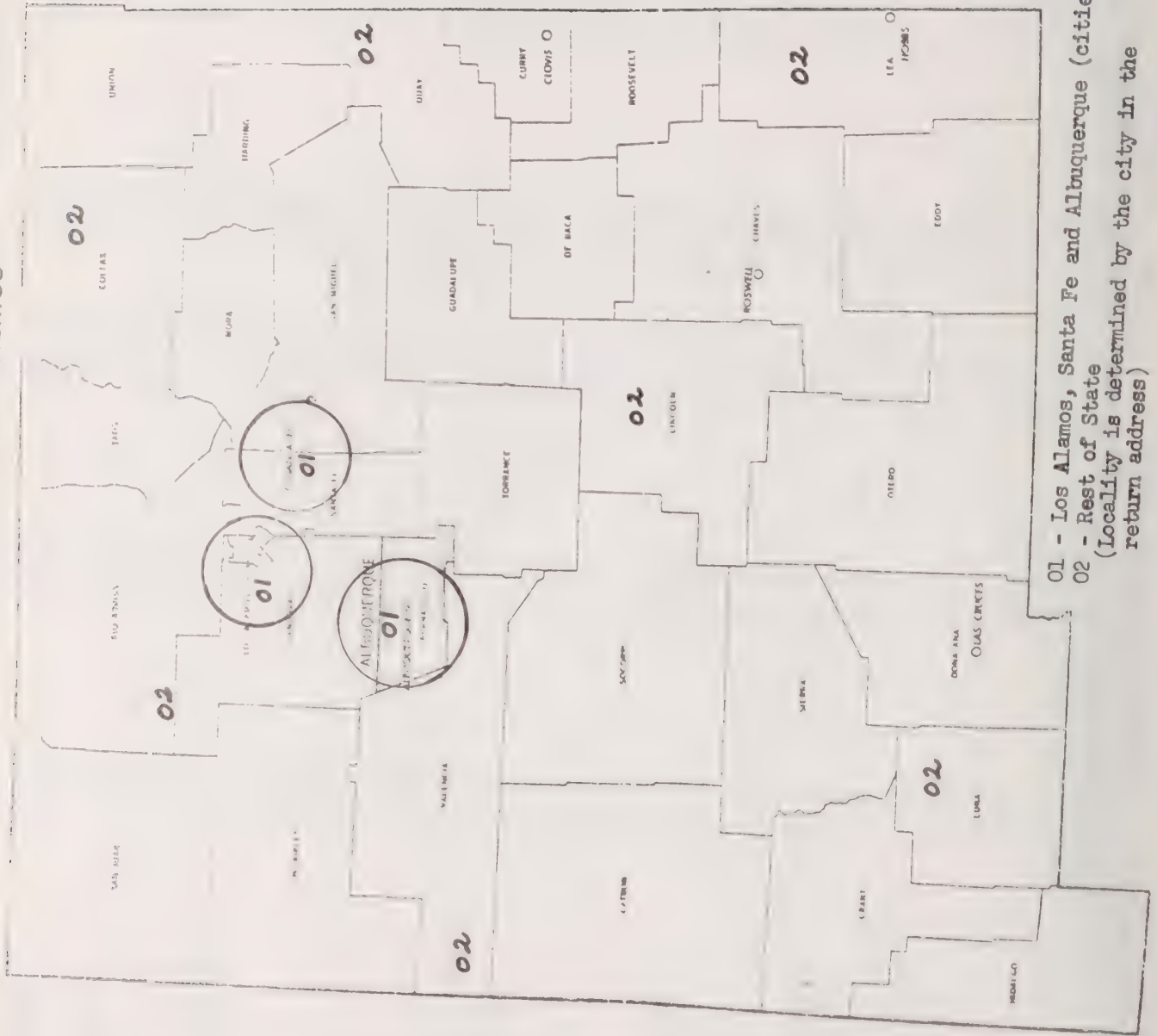
1978 PREVAILING CHARGE SUMMARY DATA

NEW JERSEY

PRUDENTIAL INSURANCE COMPANY

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST		
	I	II	III	I	II	III
01 INITIAL LIMITED OFFICE VISIT	20.40		16.00	33.90	27.10	27.10
02 INITIAL COMP OFFICE VISIT	30.00	27.10	27.10	40.70	40.70	33.90
03 MINIMAL OFFICE VISIT						
04 ROUTINE BRIEF OFFICE VISIT	10.90	10.90	9.50	13.60	13.60	13.60
05 ROUTINE BRIEF HOME VISIT	16.30	13.60	13.60	20.00	20.40	16.30
06 INITIAL BRIEF HOSPITAL VISIT	33.90	33.00	33.90	47.50	47.50	40.70
07 INITIAL COMP HOSPITAL VISIT	33.90	33.90	33.90	34.20	33.90	39.90
08 ROUTINE BRIEF HOSPITAL VISIT	13.60	12.50	12.00	16.30	15.00	13.60
09 BIOPSY SKIN	30.00	35.00	35.00	35.00	40.00	25.00
10 RADICAL MASTECTOMY	600.00	746.40	700.00	814.20	800.00	692.10
11 REDUCTION OF FRACTURE	814.20	814.20	814.20	1017.80	814.20	814.20
12 ARTHROTOMY	18.00	15.00	20.00	20.00	20.00	20.00
13 NEEDLE PUNCTURE OF BURSA	25.00	20.40	20.00	25.00	20.40	25.00
14 BRONCHOSCOPY	203.60	203.60	200.00	203.60	225.00	203.60
15 THORACENTESIS	50.00	50.00	50.00	75.00	67.90	54.30
16 CATHETERIZATION	300.00	300.00	320.00	339.30	300.00	275.00
17 INSERTION OF PACEMAKER	1017.80	900.00	1017.80	1017.80	900.00	1017.80
18 BLOOD TRANSFUSION	25.00	25.00	25.00	20.00	20.00	20.00
19 COLECTOMY	827.80	827.80	827.80	1000.00	949.90	814.20
20 APPENDECTOMY	450.00	407.10	407.10	427.50	413.90	413.90
21 SIGMOIDSCOPY	25.00	25.00	25.00	40.00	40.00	40.00
22 HEMORRHOIDECTOMY	339.30	339.30	300.00	339.30	339.30	280.00
23 CHOLECYSTECTOMY	583.50	583.50	583.50	678.50	637.80	542.80
24 REPAIR HERNIA	350.00	350.00	350.00	420.70	407.10	339.30
25 CYSTOSCOPY	60.00	67.90	50.00	60.00	67.90	50.00
26 DILATION OF URETHRA	15.00	15.00	15.00	20.00	20.00	15.00
27 PROSTATECTOMY	814.20	800.00	750.00	930.00	800.00	712.40
28 ELECTROSECTION OF PROSTATE	746.40	746.40	746.40	814.20	888.80	678.50
29 HYSTERECTOMY	678.50	678.50	678.50	850.00	678.50	800.00
30 EXTRACTION OF LENS	746.40	700.00	746.40	800.00	678.50	678.50
31 X-RAY CHEST	20.00	20.00	20.00	25.00	20.00	26.00
32 X-RAY SPINE	33.90	35.00	28.00	40.00	38.00	45.00
33 X-RAY HIP	30.00	30.00	30.00	29.00	26.00	30.00
34 X-RAY STOMACH	60.00	65.00	65.00	67.90	57.00	54.30
35 X-RAY COLON	60.00	60.00	60.00	59.70	55.00	50.00
36 COBALT	30.00	25.00	20.00	30.00	30.00	30.00
37 RADIO THERAPY	30.00	30.00	27.00	30.00	30.00	27.00
38 HEMOGLOBIN	5.00	4.00	3.00	3.00	4.00	6.00
39 WHITE CELL COUNT	5.00	5.00	5.00	3.00	4.00	1.00
40 COMPLETE BLOOD COUNT	8.00	9.00	7.00	8.00	7.00	10.00
41 CHOLESTEROL BLOOD COUNT	6.00	7.00	6.00	6.00	6.00	6.00
42 HEMATOCRIT	5.00	5.00	3.00	4.00	3.00	6.00
43 PROTHROMBIN	6.00	7.00	6.00	6.00	6.00	6.00
44 SEDIMENTATION RATE	5.00	5.00	5.00	5.00	5.00	5.00
45 BLOOD SUGAR	6.00	6.00	5.00	6.00	6.00	6.00
46 BUN UREA NITROGEN	6.00	6.00	5.00	6.00	6.00	6.00
47 PAP TEST	10.00	10.00	9.00	10.00	10.00	8.00
48 URINALYSIS	4.00	4.00	3.00	5.00	4.00	4.00
49 ELECTROCARDIOGRAM	25.00	25.00	25.00	25.00	25.00	25.00
50 ELECTROENCEPHALOGRAM	54.30	54.30	54.30	47.50	54.30	54.30

NEW MEXICO



01 - Los Alamos, Santa Fe and Albuquerque (cities)
 02 - Rest of State
 (Locality is determined by the city in the
 return address)

1978 PREVAILING CHARGE SUMMARY DATA			EQUITABLE LIFE ASSURANCE SOCIETY		NEW MEXICO	
LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST			
PROCEDURE DESCRIPTION	01	02	01	02		
01 INITIAL LIMITED OFFICE VISIT	14.10	14.10	17.70	16.90		
02 INITIAL COMP OFFICE VISIT	41.60	35.00	51.60	49.50		
03 MINIMAL OFFICE VISIT	6.40	5.60	8.50	5.60		
04 ROUTINE BRIEF OFFICE VISIT	9.90	9.00	11.30	10.40		
05 ROUTINE BRIEF HOME VISIT	21.20	14.10	21.20	15.00		
06 INITIAL BRIEF HOSPITAL VISIT	20.80	20.80	22.75	23.50		
07 INITIAL COMP HOSPITAL VISIT	49.50	46.80	53.00	49.50		
08 ROUTINE BRIEF HOSPITAL VISIT	9.90	7.00	11.30	9.60		
09 BIOPSY SKIN	21.20	21.20	22.50	22.50		
10 RADICAL MASTECTOMY	602.00*	637.00*	665.00*	602.00*		
11 REDUCTION OF FRACTURE	707.50	705.80	707.50	705.80		
12 ARTHROTOMY	20.00	19.80	21.20	15.60		
13 NEEDLE PUNCTURE OF BURSA	20.80	15.60	21.20	10.40		
14 BRONCHOSCOPY	172.00	172.00	172.00	172.00		
15 THORACENTESIS	35.30	26.10	35.30	31.20		
16 CATHETERIZATION	301.00*	318.50*	332.50*	301.00*		
17 INSERTION OF PACEMAKER	860.00*	910.00*	950.00*	860.00*		
18 BLOOD TRANSFUSION	17.20*	18.20*	19.00*	17.20*		
19 COLECTOMY	763.20	763.20	763.20	763.20		
20 APPENDECTOMY	344.00*	364.00*	380.00*	344.00*		
21 SIGMOIDOSCOPY	32.40	26.00	27.10	26.00		
22 HEMORRHOIDECTOMY	258.00*	273.00*	285.00*	258.00*		
23 CHOLECYSTECTOMY	529.10	470.80	529.10	504.00		
24 REPAIR HERNIA	350.80	294.60	350.80	312.75		
25 CYSTOSCOPY	48.00	45.90	48.00	36.50		
26 DILATION OF URETHRA	25.80*	27.30*	28.50*	25.80*		
27 PROSTATECTOMY	667.20	667.20	667.20	667.20		
28 ELECTROSECTION OF PROSTATE	718.60	627.00	720.00	627.00		
29 HYSTERECTOMY	673.40	673.40	673.40	673.40		
30 EXTRACTION OF LENS	660.90	660.90	670.50	564.70		
31 X-RAY CHEST	14.10	15.50	15.65	14.60		
32 X-RAY SPINE	24.30	23.30	25.20	36.40		
33 X-RAY HIP	25.00	25.00	21.20	28.30		
34 X-RAY STOMACH	49.70	46.80	56.50	67.60		
35 X-RAY COLON	49.50	49.50	49.50	64.60		
36 COBALT	15.60	21.30	15.60	21.20		
37 RADIOTHERAPY	20.60	20.60	20.60	20.60		
38 HEMOGLOBIN	4.20	3.10	3.10	3.10		
39 WHITE CELL COUNT	5.20	5.20	4.20	3.10		
40 COMPLETE BLOOD COUNT	8.30	8.40	8.80	8.30		
41 CHOLESTEROL BLOOD COUNT	7.80	10.20	10.40	8.30		
42 HEMATOCRIT	3.00	3.90	3.40	3.70		
43 PROTHROMBIN	6.30	7.00	7.80	6.20		
44 SEDIMENTATION RATE	4.20	6.10	5.75	4.20		
45 BLOOD SUGAR	6.30	7.80	7.30	6.90		
46 BUN UREA NITROGEN	6.30	7.80	7.80	7.30		
47 PAP TEST	10.00	13.50	8.50	10.60		
48 URINALYSIS	21.20	4.70	5.00	4.20		
49 ELECTROCARDIOGRAM	21.20	20.80	20.90	25.00		
50 ELECTROENCEPHALOGRAPH	49.50	49.50	49.50	49.50*		

NEW YORK

- I - Ogdensburg
- I - Fayetteville
- I - Syracuse
- I - Marcellus

B/S of Western New York

Genesee Valley
Medical Care, Inc.



I & II Metropolitan Life Ins. Co.

Endicott, Binghamton,
Johnson City - I

Ten Localities:

- B/S of Greater New York - A, B, & C
- Metropolitan Life Insurance Co. - I & II
- Group Health Insurance - Queens County
- B/S of Western New York - Allegheny, Cattaraugus, Erie,
Genesee, Niagara, Orleans & Wyoming Counties
- Genesee Valley Medical Care Inc. - Livingston, Monroe,
Seneca, Wayne & Yates Counties

(For more locality information see Appendix A)

Group Health Insurance

1978 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF GREATER NEW YORK

NEW YORK

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	A	B	C	A	B	C
01 INITIAL LIMITED OFFICE VISIT	25.00	20.40	15.00	47.50	33.90	25.00
02 INITIAL COMP OFFICE VISIT	27.10	25.00	20.40	47.50	33.90	33.90
03 MINIMAL OFFICE VISIT						
04 ROUTINE BRIEF OFFICE VISIT	15.00	13.60	10.90	27.10	20.00	15.00
05 ROUTINE BRIEF HOME VISIT	20.40	20.00	15.00	33.90	20.40	20.00
06 INITIAL BRIEF HOSPITAL VISIT						
07 INITIAL COMP HOSPITAL VISIT	27.10	25.00	20.40	50.00	38.00	40.70
08 ROUTINE BRIEF HOSPITAL VISIT	20.40	16.30	13.60	30.00	20.40	19.00
09 BIOPSY SKIN	40.00	35.00	40.00	50.00	45.00	45.00
10 RADICAL MASTECTOMY	848.10	1153.50	678.50	1357.00	1153.50	678.50
11 REDUCTION OF FRACTURE	983.80	1357.00	60.00	1764.10	1357.00	1017.75
12 ARTHROTOMY	33.90	33.90	25.00	47.50	35.00	35.00
13 NEEDLE PUNCTURE OF BURSA	25.00	33.90	33.90	47.50	35.00	40.70
14 BRONCHOSCOPY	237.50	237.50	203.60	271.40	250.00	203.60
15 THORACENTESIS	67.90	67.90	60.90	88.20	100.00	60.00
16 CATHETERIZATION	339.25	339.25	339.25	340.00	339.25	339.25
17 INSERTION OF PACEMAKER	335.00	407.10	339.25	600.00	407.10	339.25
18 BLOOD TRANSFUSION	30.00	35.00	30.00	67.50	47.50	38.00
19 COLECTOMY	1221.30	1357.00	1017.75	1696.25	1375.00	1017.75
20 APPENDECTOMY	475.00	610.70	407.10	600.00	610.70	407.10
21 SIGMOIDOSCOPY	33.90	33.90	33.90	47.50	33.90	40.00
22 HEMORRHOIDECTOMY	542.80	508.90*	285.00	610.70	508.90	400.00
23 CHOLECYSTECTOMY	746.40	848.10	610.70	1153.50	848.10	610.70
24 REPAIR HERNIA	651.40	500.00	350.00	746.40	542.80	407.10
25 CYSTOSCOPY	108.60	75.00	64.00	108.60	101.80	70.00
26 DILATION OF URETHRA	28.00	33.90	20.40	35.00	40.00	20.40
27 PROSTATECTOMY	1017.75	1085.60	875.30	1357.00	1085.60	875.30
28 ELECTROSECTION OF PROSTATE	1085.60	1017.75	1017.75	1119.50	1017.75	1017.75
29 HYSTERECTOMY	1017.75	949.90	746.40	1153.50	1000.00	746.40
30 EXTRACTION OF LENS	983.80	949.90	814.20	1153.50	949.90	814.20
31 X-RAY CHEST	25.00	20.40	20.00	27.10	25.00	20.40
32 X-RAY SPINE	33.90	35.00	35.00	40.70	36.60	40.00
33 X-RAY HIP	35.00	33.00	28.00	35.00	40.70	40.00
34 X-RAY STOMACH	70.80	86.70	70.00	101.80	85.00	70.00
35 X-RAY COLON	85.00	67.90	55.00	100.00	80.00	60.00
36 COBALT	20.40	25.00	20.00	47.50	25.00	20.40
37 RADIO THERAPY	14.90	33.90	20.00	40.00	33.90	20.40
38 HEMOGLOBIN	5.00	5.00	3.00	5.00	5.00	3.00
39 WHITE CELL COUNT	5.00	4.00	4.00	5.00	4.00	4.00
40 COMPLETE BLOOD COUNT	10.00	9.50	8.00	10.00	9.50	8.00
41 CHOLESTEROL BLOOD COUNT	7.50	7.00	7.00	7.50	7.00	7.00
42 HEMATOCRIT	5.00	4.00	4.00	5.00	4.00	4.00
43 PROTHROMBIN	10.00	6.00	7.00	10.00	6.00	7.00
44 SEDIMENTATION RATE	6.00	5.00	5.00	6.00	5.00	5.00
45 BLOOD SUGAR	7.00	6.00	6.00	7.00	6.00	6.00
46 BUN UREA NITROGEN	7.00	6.00	7.00	7.00	6.00	7.00
47 PAP TEST	10.00	10.00	8.00	10.00	10.00	8.00
48 URINALYSIS	5.00	5.00	5.00	5.00	5.00	5.00
49 ELECTROCARDIOGRAM	21.40	27.10	25.00	29.30	27.10	25.00
50 ELECTROENCEPHALOGRAM	64.20	61.10	47.50	75.00	61.10	47.50

1978 PREVAILING CHARGE SUMMARY DATA			METROPOLITAN LIFE INSURANCE CO.		NEW YORK	
LOCALITY DESIGNATION			FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
PROCEDURE DESCRIPTION			AREA I	AREA II	AREA I	AREA II
01 INITIAL LIMITED OFFICE VISIT	15.00	13.60	20.40	20.00	20.40	20.00
02 INITIAL COMP OFFICE VISIT	47.50	15.00	47.50	35.00	47.50	35.00
03 MINIMAL OFFICE VISIT	6.80	5.00	6.80	4.10	6.80	4.10
04 ROUTINE BRIEF OFFICE VISIT	9.50	9.50	13.00	10.90	13.00	10.90
05 ROUTINE BRIEF HCME VISIT	13.60	13.60	16.30	13.60	16.30	13.60
06 INITIAL BRIEF HOSPITAL VISIT	20.00	24.40	27.10	27.10	27.10	27.10
07 INITIAL COMP HOSPITAL VISIT	50.00	46.00	47.50	50.00	47.50	50.00
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	9.50	12.00	10.00	12.00	10.00
09 BIOPSY SKIN	27.60*	30.00*	30.00	28.50	30.00	28.50
10 RADICAL MASTECTOMY	641.20*	593.70*	664.90	610.70	664.90	610.70
11 REDUCTION OF FRACTURE	651.40*	651.40*	651.40	651.40	651.40	651.40
12 ARTHROTOMY	17.60	17.00	20.40	20.40	20.40	20.40
13 NEEDLE PUNCTURE OF BURSA	13.60	20.40	20.40	20.00	20.40	20.00
14 BRONCHOSCOPY	137.50*	127.30	142.50	135.70	142.50	135.70
15 THORACENTESIS	27.60*	32.00	50.00	33.90	50.00	33.90
16 CATHETERIZATION	160.00*	271.40*	160.00	271.40*	160.00	271.40*
17 INSERTION OF PACEMAKER	800.00*	600.00	800.00	600.00	800.00	600.00
18 BLOOD TRANSFUSION	19.50*	20.70	26.50	25.00	26.50	25.00
19 COLECTOMY	732.80*	678.50	759.90	678.50	759.90	678.50
20 APPENDECTOMY	390.00*	339.30*	380.00*	339.30*	380.00*	339.30*
21 SIGMOIDOSCOPY	27.10	25.00	33.90	27.10	33.90	27.10
22 HEMORRHOIDECTOMY	274.80*	254.40*	285.00*	271.40	285.00*	271.40
23 CHOLECYSTECTOMY	528.00*	480.00	528.00	488.50	528.00	488.50
24 REPAIR HERNIA	320.00*	296.90	339.30	305.30	339.30	305.30
25 CYSTOSCOPY	40.70*	42.50*	40.70	40.70	40.70	40.70
26 DILATION OF URETHRA	16.30*	20.00*	16.30	20.00	16.30	20.00
27 PROSTATECTOMY	678.50*	640.00*	678.50	640.00	678.50	640.00
28 ELECTROSESECTION OF PROSTATE	650.00*	640.00*	650.00	640.00	650.00	640.00
29 HYSTERECTOMY	641.20*	593.70*	650.00	597.10	650.00	597.10
30 EXTRACTION OF LENS	600.00*	600.00*	600.00	600.00	600.00	600.00
31 X-RAY CHEST	20.40	20.00	20.40	17.60	20.40	17.60
32 X-RAY SPINE	27.80*	20.40*	40.70	42.10	42.10	42.10
33 X-RAY HIP	32.50*	31.00*	32.50	32.50	32.50	32.50
34 X-RAY STOMACH	55.50*	51.00*	60.00	60.00	60.00	60.00
35 X-RAY COLON	46.30*	42.50*	50.00	50.00	50.00	50.00
36 COBALT	14.90*	19.00*	20.00	20.00	20.00	20.00
37 RADIOTHERAPY	24.00*	24.00*	33.00	29.00	33.00	29.00
38 HEMOGLOBIN	2.00	3.00	4.00	3.00	3.00	3.00
39 WHITE CELL COUNT	2.00*	3.00	2.00	3.00	3.00	3.00
40 COMPLETE BLOOD COUNT	12.00	6.00	8.00	8.00	8.00	8.00
41 CHOLESTEROL BLOOD COUNT	7.00	6.00	6.00	6.50	6.50	6.50
42 HEMATOCRIT	4.00	3.00	3.00	3.00	3.00	3.00
43 PROTHROMBIN	5.00	4.00	5.00	6.00	6.00	6.00
44 SEDIMENTATION RATE	3.00*	4.00	5.00	4.00	4.00	4.00
45 BLOOD SUGAR	6.00	5.00	6.00	5.50	5.50	5.50
46 BUN UREA NITROGEN	5.00	5.00	6.00	6.00	6.00	6.00
47 PAP TEST	8.00	5.00	6.00	10.00	10.00	10.00
48 URINALYSIS	4.00	3.00	4.00	4.00	4.00	4.00
49 ELECTROCARDIOGRAM	25.00	20.00	22.00	25.00	25.00	25.00
50 ELECTROENCEPHALOGRAM	48.90*	47.30*	48.90	59.50*	59.50*	59.50*

1978 PREVAILING CHARGE SUMMARY DATA			GROUP HEALTH INCORPORATED		NEW YORK	
PROCEDURE DESCRIPTION			LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
			SINGLE		SINGLE	
01	INITIAL LIMITED OFFICE VISIT		13.60		25.00	
02	INITIAL COMP OFFICE VISIT		20.00		35.00	
03	MINIMAL OFFICE VISIT					
04	ROUTINE BRIEF OFFICE VISIT		10.90		15.00	
05	ROUTINE BRIEF HOME VISIT		16.30		20.40	
06	INITIAL BRIEF HOSPITAL VISIT					
07	INITIAL COMP HOSPITAL VISIT		33.90		47.50	
08	ROUTINE BRIEF HOSPITAL VISIT		16.30		20.40	
09	BIOPSY SKIN					
10	RADICAL MASTECTOMY				1017.80	
11	REDUCTION OF FRACTURE				1140.00	
12	ARTHROTOMY		20.00		25.00	
13	NEEDLE PUNCTURE OF BURSA		20.00		33.90	
14	BRONCHOSCOPY					
15	THORACENTESIS				112.60	
16	CATHETERIZATION					
17	INSERTION OF PACEMAKER				814.20	
18	BLOOD TRANSFUSION					
19	COLECTOMY				1017.80	
20	APPENDECTOMY				499.40	
21	SIGMOIDOSCOPY		30.00		40.00	
22	HEMORRHOIDECTOMY				475.00	
23	CHOLECYSTECTOMY				803.30	
24	REPAIR HERNIA				542.80	
25	CYSTOSCOPY				67.90	
26	DILATION OF URETHRA		20.00		20.00	
27	PROSTATECTOMY				950.00	
28	ELECTROSECTION OF PROSTATE				1000.00	
29	HYSTERECTOMY				746.40	
30	EXTRACTION OF LENS				949.90	
31	X-RAY CHEST		24.40		30.00	
32	X-RAY SPINE		61.10		47.50	
33	X-RAY HIP		33.90		33.90	
34	X-RAY STOMACH		90.00		85.00	
35	X-RAY COLON		85.00		85.00	
36	COBALT		33.90		40.70	
37	RADIOTHERAPY					
38	HEMOGLOBIN		3.00		3.00	
39	WHITE CELL COUNT		8.00		8.00	
40	COMPLETE BLOOD COUNT		10.00		10.00	
41	CHOLESTEROL BLOOD COUNT		6.00		6.00	
42	HEMATOCRIT		5.00		5.00	
43	PROTHROMBIN		6.00		6.00	
44	SEDIMENTATION RATE		5.00		5.00	
45	BLOOD SUGAR		6.00		6.00	
46	BUN UREA NITROGEN		6.00		6.00	
47	PAP TEST		10.00		10.00	
48	URINALYSIS		5.00		5.00	
49	ELECTROCARDIOGRAM				27.10	
50	ELECTROENCEPHALOGRAPH		23.10		50.00	

1978 PREVAILING CHARGE SUMMARY DATA B/S OF GREATER WESTERN NEW YORK

COMBINED LOCALITY DESIGNATION

PROCEDURE DESCRIPTION

SINGLE

01	INITIAL LIMITED OFFICE VISIT	19.70	01
02	INITIAL COMP OFFICE VISIT	63.90	02
03	MINIMAL OFFICE VISIT	14.75	03
04	ROUTINE BRIEF OFFICE VISIT	9.80	04
05	ROUTINE BRIEF HOME VISIT	19.70	05
06	INITIAL BRIEF HOSPITAL VISIT	29.50	06
07	INITIAL COMP HOSPITAL VISIT	63.90	07
08	ROUTINE BRIEF HOSPITAL VISIT	9.80	08
09	BIOPSY SKIN	28.00	09
10	RADICAL MASTECTOMY	595.90	10
11	REDUCTION OF FRACTURE	701.00	11
12	ARTHROTOMY	21.00	12
13	NEEDLE PUNCTURE OF BURSA	21.00	13
14	BRONCHOSCOPY	140.20	14
15	THORACENTESIS	35.10	15
16	CATHETERIZATION	245.40	16
17	INSERTION OF PACEMAKER	560.80	17
18	BLOOD TRANSFUSION	17.50	18
19	COLECTOMY	630.90	19
20	APPENDECTOMY	280.40	20
21	SIGMOIDOSCOPY	35.10	21
22	HEMORRHOIDECTOMY	280.40	22
23	CHOLECYSTECTOMY	420.60	23
24	REPAIR HERNIA	245.40	24
25	CYSTOSCOPY	56.10	25
26	DILATION OF URETHRA	21.00	26
27	PROSTATECTOMY	560.80	27
28	ELECTROSECTION OF PROSTATE	560.80	28
29	HYSTERECTOMY	560.80	29
30	EXTRACTION OF LENS	560.80	30
31	X-RAY CHEST	16.80	31
32	X-RAY SPINE	28.60	32
33	X-RAY HIP	28.60	33
34	X-RAY STOMACH	94.20	34
35	X-RAY COLON	50.50	35
36	COBALT	14.10	36
37	RADIOTHERAPY	21.10	37
38	HEMOGLOBIN	4.20	38
39	WHITE CELL COUNT	4.20	39
40	COMPLETE BLOOD COUNT	11.20	40
41	CHOLESTEROL BLOOD COUNT	7.70	41
42	HEMATOCRIT	4.20	42
43	PROTHROMBIN	6.90	43
44	SEDIMENTATION RATE	4.20	44
45	BLOOD SUGAR	7.00	45
46	BUN UREA NITROGEN	8.40	46
47	PAP TEST	8.00	47
48	URINALYSIS	5.50	48
49	ELECTROCARDIOGRAM	29.50	49
50	ELECTROENCEPHALOGRAPH	70.80	50

1978 PREVAILING CHARGE SUMMARY DATA GENESSEE VALLEY MEDICAL CARE

NEW YORK

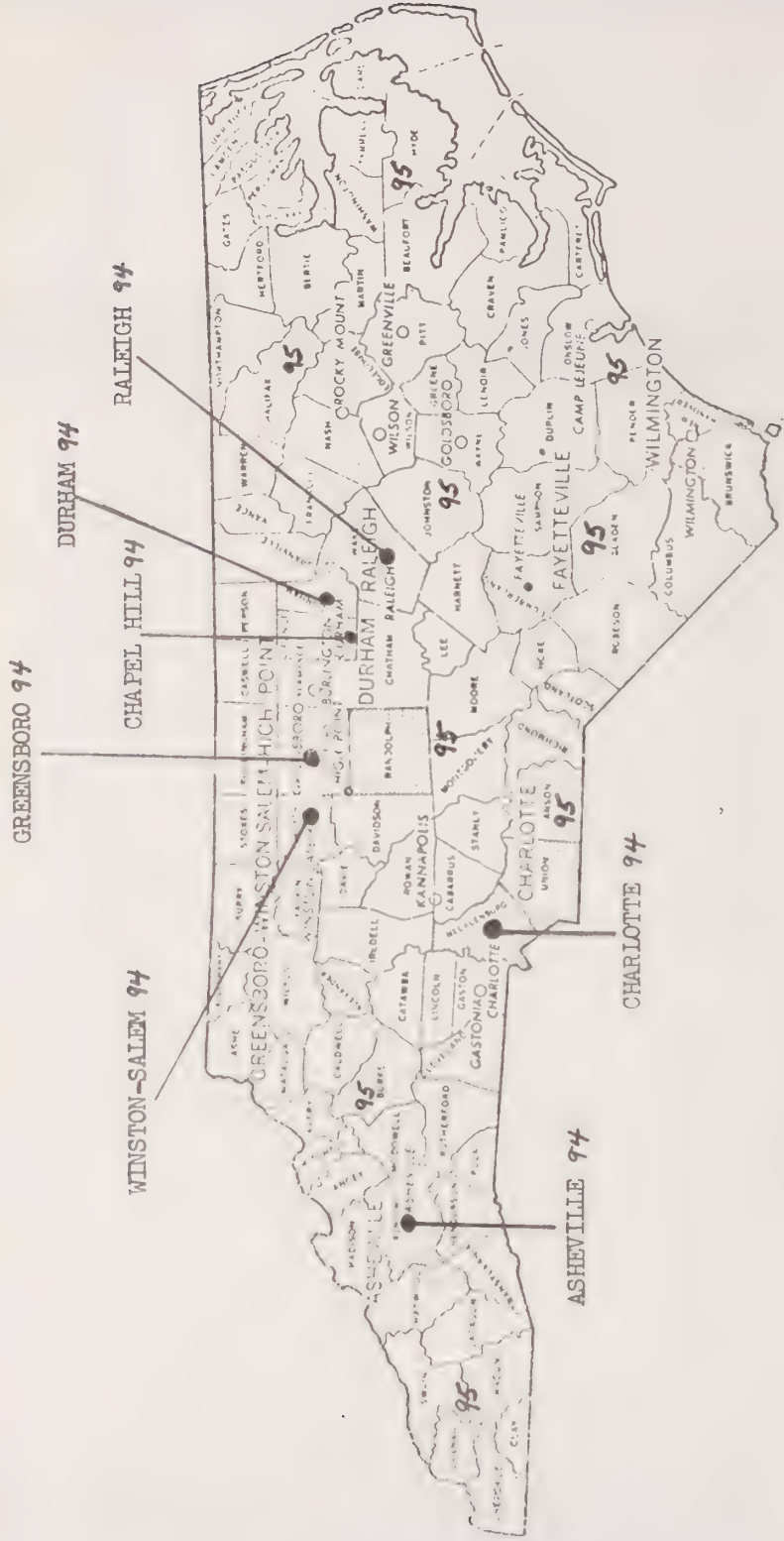
COMBINED LOCALITY DESIGNATION

PROCEDURE DESCRIPTION

SINGLE

01	INITIAL LIMITED OFFICE VISIT	20.00	01
02	INITIAL COMP OFFICE VISIT	35.00	02
03	MINIMAL OFFICE VISIT	12.00	03
04	ROUTINE BRIEF OFFICE VISIT	15.00	04
05	ROUTINE BRIEF HCME VISIT	20.00	05
06	INITIAL BRIEF HOSPITAL VISIT	19.10*	06
07	INITIAL COMP HOSPITAL VISIT	27.25*	07
08	ROUTINE BRIEF HOSPITAL VISIT	10.90*	08
09	BIOPSY SKIN	24.30*	09
10	RADICAL MASTECTOMY	591.30*	10
11	REDUCTION OF FRACTURE	162.00*	11
12	ARTHROTOMY	12.00	12
13	NEEDLE PUNCTURE OF BURSA	13.60	13
14	BROCHOSCOPY	121.50*	14
15	THORACENTESIS	47.50	15
16	CATHETERIZATION	202.50*	16
17	INSERTION OF PACEMAKER	810.00*	17
18	BLOOD TRANSFUSION	16.30*	18
19	COLECTOMY	648.00*	19
20	APPENDECTOMY	283.50*	20
21	SIGMOIDOSCOPY	25.00	21
22	HEMORRHOIDECTOMY	186.30*	22
23	CHOLECYSTECTOMY	445.50*	23
24	REPAIR HERNIA	267.30*	24
25	CYSTOSCOPY	48.60*	25
26	DILATION OF URETHRA	12.00	26
27	PROSTATECTOMY	607.50*	27
28	ELECTROSECTION OF PROSTATE	607.50*	28
29	HYSTERECTOMY	526.50*	29
30	EXTRACTION OF LENS	607.50*	30
31	X-RAY CHEST	25.00*	31
32	X-RAY SPINE	26.00*	32
33	X-RAY HIP	28.00*	33
34	X-RAY STOMACH	50.00*	34
35	X-RAY COLON	50.00*	35
36	COBALT	48.10*	36
37	RADIOTHERAPY	48.10*	37
38	HEMOGLOBIN	4.00	38
39	WHITE CELL COUNT	3.00	39
40	COMPLETE BLOOD COUNT	7.30	40
41	CHOLESTEROL BLOOD COUNT	7.00	41
42	HEMATOCRIT	3.00	42
43	PROTHROMBIN	4.50	43
44	SEDIMENTATION RATE	4.00	44
45	BLOOD SUGAR	5.00	45
46	BUN UREA NITROGEN	5.20	46
47	PAP TEST	8.50	47
48	URINALYSIS	5.00	48
49	ELECTROCARDIOGRAM	27.60	49
50	ELECTROENCEPHALOGRAPH	57.00	50

NORTH CAROLINA



Two Localities:

Area 94 - Charlotte, Durham, Greensboro, Winston-Salem, Raleigh, Asheville, Chapel Hill. (Locality determined by the city cited in the return address.)

Area 95 - All other cities not listed above and all rural areas.

(The carrier's Area 93 is a Statewide specialists' screen. However, internists and general surgeons are included in Areas 94 & 95.)

1978 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY NORTH CAROLINA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	94	95	94	95
01 INITIAL LIMITED OFFICE VISIT	13.60	13.60	19.00	15.00
02 INITIAL COMP OFFICE VISIT	48.00	40.00	75.00	45.00
03 MINIMAL OFFICE VISIT	4.10	4.00	5.60	5.00
04 ROUTINE BRIEF OFFICE VISIT	9.50	8.10	10.90	9.50
05 ROUTINE BRIEF HOME VISIT	16.30	13.60	16.00	16.30
06 INITIAL BRIEF HOSPITAL VISIT	25.00	20.40	27.10	27.10
07 INITIAL COMP HOSPITAL VISIT	60.00	40.70	80.00	48.90
08 ROUTINE BRIEF HOSPITAL VISIT	10.20	9.50	13.60	12.00
09 BIOPSY SKIN	25.00	25.00	39.00	25.00
10 RADICAL MASTECTOMY	610.70	600.00	650.00	569.90
11 REDUCTION OF FRACTURE	542.80	542.80	746.40	651.40
12 ARTHROTOMY	14.80	12.00	13.50	15.00
13 NEEDLE PUNCTURE OF BURSA	10.00	12.70	13.60	13.60
14 BRONCHOSCOPY	135.70	135.70	160.00	122.10
15 THORACENTESIS	25.00	25.00	33.90	33.90
16 CATHETERIZATION	271.40	271.40	300.00	237.50
17 INSERTION OF PACEMAKER	900.00	900.00	900.00	814.20
18 BLOOD TRANSFUSION	13.60	13.50	19.00	13.60
19 COLECTOMY	685.30	684.00	725.00	651.40
20 APENDECTOMY	339.30	339.30	352.80	339.30
21 SIGMOIDOSCOPY	20.40	20.40	30.00	27.10
22 HEMORRHOIDECTOMY	244.30	244.30	303.00	244.30
23 CHOLECYSTECTOMY	407.10	407.10	540.00	480.00
24 REPAIR HERNIA	278.20	237.50	339.30	285.00
25 CYSTOSCOPY	36.00	36.00	40.00	40.00
26 DILATION OF URETHRA	15.00	15.00	15.00	15.00
27 PROSTATECTOMY	720.00	720.00	720.00	720.00
28 ELECTROSECTION OF PROSTATE	704.00	704.00	704.00	704.00
29 HYSTERECTOMY	600.00	610.70	600.00	569.90
30 EXTRACTION OF LENS	610.70	610.70	610.70	610.70
31 X-RAY CHEST	10.00	12.00	15.50	15.50
32 X-RAY SPINE	23.00	25.00	28.00	28.00
33 X-RAY HIP	24.00	24.00	23.00	23.00
34 X-RAY STOMACH	60.00	60.00	45.00	45.00
35 X-RAY COLON	35.00	30.00	45.00	45.00
36 COBALT	20.00	20.00	20.00	20.00
37 RADIO THERAPY	31.00*	32.50*	41.50*	41.50*
38 HEMOGLOBIN	3.00	3.00	3.00	3.00
39 WHITE CELL COUNT	4.00	3.00	2.80	3.00
40 COMPLETE BLOOD COUNT	8.00	7.50	8.00	8.00
41 CHOLESTEROL BLOOD COUNT	6.00	6.00	6.00	7.00
42 HEMATOCRIT	3.00	3.00	2.50	3.00
43 PROTHROMBIN	6.00	5.00	6.00	5.00
44 SEDIMENTATION RATE	6.00	5.00	4.20	4.75
45 BLOOD SUGAR	6.00	6.00	6.00	6.00
46 BUN UREA NITROGEN	8.00	6.00	6.00	6.00
47 PAP TEST	8.00	8.00	7.00	7.50
48 URINALYSIS	4.00	3.00	4.00	3.00
49 ELECTROCARDIOGRAM	15.30	15.00	16.70	18.10
50 ELECTROENCEPHALOGRAM	47.50	47.50	47.50	47.50

A map of North Dakota showing county boundaries and names. The map is oriented with North at the top. The counties are labeled as follows:

- Dwyer
- Williams
- Burke
- Bottineau
- Polite
- Turner
- Cavalier
- Peoria
- Grand Forks
- Nelson
- Walsh
- Barnes
- Cass
- Richland
- Billings
- Golden Valley
- Dunn
- Mercer
- Olin
- Morton
- Adams
- Bowman
- Slope
- Hettinger
- Grant
- Bouie
- Simons
- McIntosh
- Dickey
- Sargent
- Benson
- Pierce
- McHenry
- Ward
- Sherman
- Wells
- Egan
- Steele
- Traill
- Burleigh

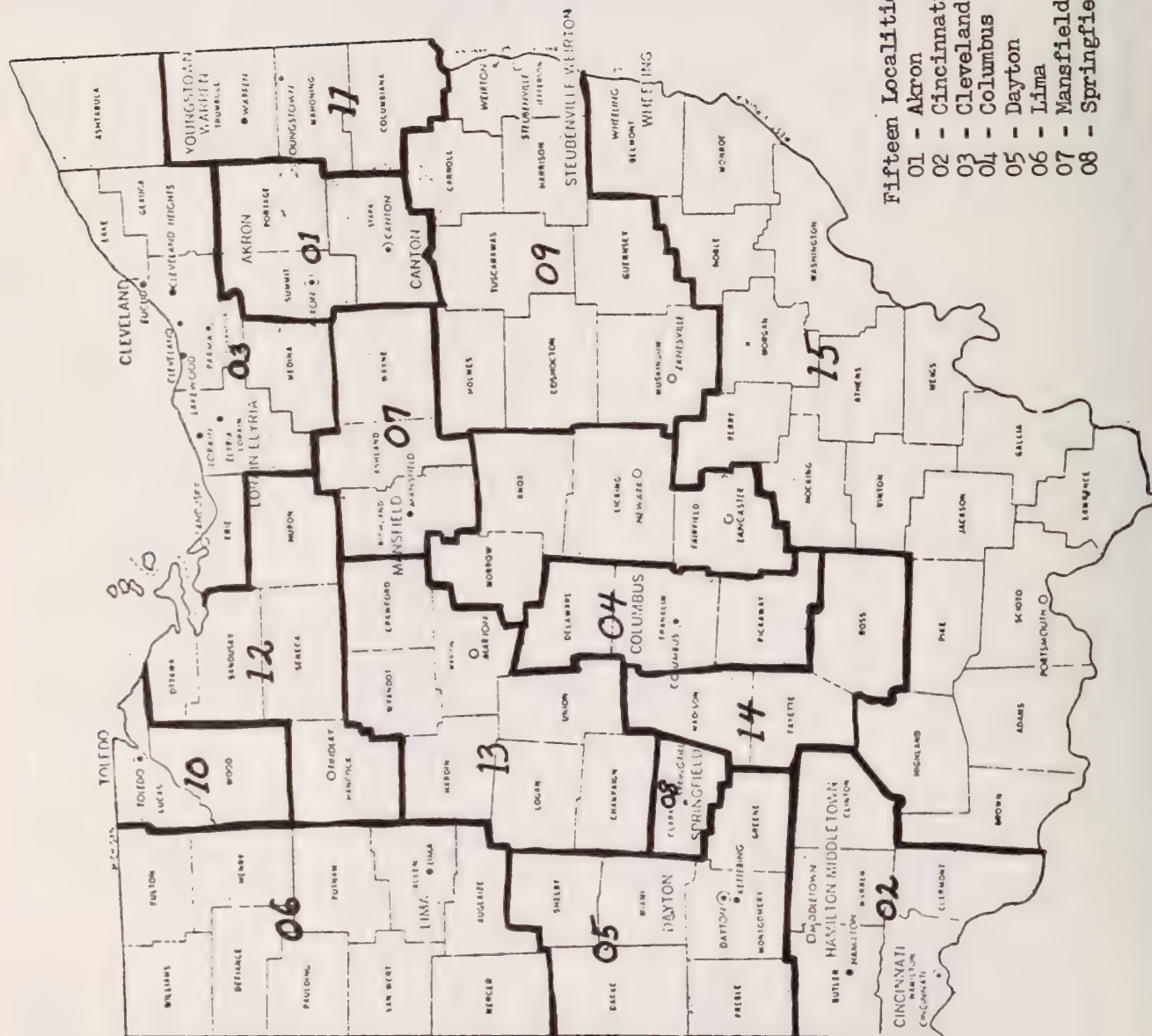
One Locality - Statewide

1978 PREVAILING CHARGE SUMMARY DATA B/S OF NORTH DAKOTA

NORTH DAKOTA
COMBINED LOCALITY DESIGNATION

PROCEDURE DESCRIPTION	SINGLE	
01 INITIAL LIMITED OFFICE VISIT	13.60	01
02 INITIAL COMP OFFICE VISIT	35.00	02
03 MINIMAL OFFICE VISIT	6.80	03
04 ROUTINE BRIEF OFFICE VISIT	8.20	04
05 ROUTINE BRIEF HOME VISIT	14.40	05
06 INITIAL BRIEF HOSPITAL VISIT	32.00	06
07 INITIAL COMP HOSPITAL VISIT	64.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	8.20	08
09 BIOPSY SKIN	24.50	09
10 RADICAL MASTECTOMY	569.90	10
11 REDUCTION OF FRACTURE	651.40	11
12 ARTHROTOMY	17.70	12
13 NEEDLE PUNCTURE OF BURSA	16.30	13
14 BRONCHOSCOPY	135.70	14
15 THORACENTESIS	24.50	15
16 CATHETERIZATION	280.00	16
17 INSERTION OF PACEMAKER	15.00	17
18 BLOOD TRANSFUSION	640.00	18
19 COLECTOMY		19
20 APPENDECTOMY		20
21 SIGMOIDOSCOPY	24.50	21
22 HEMORRHOIDECTOMY	244.30	22
23 CHOLECYSTECTOMY	488.60	23
24 REPAIR HERNIA	298.50	24
25 CYSTOSCOPY	40.00	25
26 DILATION OF URETHRA	24.00	26
27 PROSTATECTOMY	640.00	27
28 ELECTROSECTION OF PROSTATE	640.00	28
29 HYSTERECTOMY	569.90	29
30 EXTRACTION OF LENS	610.70	30
31 X-RAY CHEST	14.90	31
32 X-RAY SPINE	22.40	32
33 X-RAY HIP	27.10	33
34 X-RAY STOMACH	53.00	34
35 X-RAY COLON	43.40	35
36 COBALT	21.00	36
37 RADIO THERAPY		37
38 HEMOGLOBIN	3.40	38
39 WHITE CELL COUNT	3.60	39
40 COMPLETE BLOOD COUNT	11.00	40
41 CHOLESTEROL BLOOD COUNT	8.00	41
42 HEMATOCRIT	3.60	42
43 PROTHROMBIN	6.00	43
44 SEDIMENTATION RATE	4.75	44
45 BLOOD SUGAR	8.00	45
46 BUN UREA NITROGEN	8.00	46
47 PAP TEST	8.00	47
48 URINALYSIS	4.00	48
49 ELECTROCARDIOGRAM	21.00	49
50 ELECTROENCEPHALOGRAPH	41.30	50

OHIO



Fifteen Localities:

- 01 - Akron
- 02 - Cincinnati
- 03 - Cleveland
- 04 - Columbus
- 05 - Dayton
- 06 - Lima
- 07 - Mansfield
- 08 - Springfield
- 09 - Steubenville
- 10 - Toledo
- 11 - Youngstown
- 12 - Lake Flains
- 13 - Sandusky Valley
- 14 - Scioto Valley
- 15 - Ohio Valley

1978 PREVAILING CHARGE SUMMARY DATA

OHIO

NATIONWIDE MUTUAL INSURANCE CO.

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

	01	02	03	04	05	01	02	03	04	05
01 INITIAL LIMITED OFFICE VISIT	16.30	16.50	15.00	15.00	15.00	18.00	20.40	15.00	20.00	15.00
02 INITIAL COMP OFFICE VISIT	40.00	40.00	45.00	35.00	45.00	47.50	47.50	47.50	40.00	54.30
03 MINIMAL OFFICE VISIT	5.00	4.20	4.20	4.70	3.00	3.00	5.00	5.00	5.00	3.00
04 ROUTINE BRIEF OFFICE VISIT	10.90	9.50	9.50	9.50	9.50	13.60	12.00	13.60	12.00	12.00
05 ROUTINE BRIEF HOME VISIT	16.30	13.60	16.30	15.00	13.60	20.00	18.00	20.40	20.00	20.00
06 INITIAL BRIEF HOSPITAL VISIT	20.40	20.40	27.10	25.00	27.10	33.90	33.90	33.90	33.90	40.00
07 INITIAL COMP HOSPITAL VISIT	40.00	47.50	35.00	50.00	40.00	47.50	54.30	40.00	50.00	67.90
08 ROUTINE BRIEF HOSPITAL VISIT	12.00	10.90	10.90	12.00	12.00	13.60	13.60	13.60	13.60	15.00
09 BIOPSY SKIN	20.40	25.60	25.60	20.40	18.00	33.90	33.90	35.00	20.40	33.90
10 RADICAL MASTECTOMY	500.00	678.50	600.00	746.40	610.70	610.70	678.50	600.00	746.40	610.70
11 REDUCTION OF FRACTURE	542.80	542.80	542.80	542.80	542.80	651.40	678.50	678.50	610.70	678.50
12 ARTHROTOMY	16.30	15.00	20.00	13.60	20.40	20.00	20.00	20.40	20.00	15.00
13 NEEDLE PUNCTURE OF BURSA	6.00	18.00	18.00	18.00	18.00	20.40	13.60	15.00	13.60	13.60
14 BRONCHOSCOPY	169.60	135.70	169.60	149.30	149.30	150.00	135.70	169.60	149.30	135.70
15 THORACENTESIS	33.90	33.90	33.90	33.90	33.90	50.00	35.00	50.00	50.00	33.90
16 CATHETERIZATION	300.00	300.00	203.60	300.00	300.00	300.00	203.60	350.00	204.30	300.00
17 INSERTION OF PACEMAKER	678.50	700.00	610.70	814.20	814.20	678.50	700.00	610.70	814.20	814.20
18 BLOOD TRANSFUSION	13.20	13.20	13.20	13.20	13.20	13.20	13.20	13.20	13.20	13.20
19 COLECTOMY	675.00	675.00	675.00	675.00	675.00	678.50	750.00	746.40	750.00	678.50
20 APPENDECTOMY	339.25	339.25	339.25	339.25	339.25	325.00	325.00	325.00	325.00	325.00
21 SIGMOIDOSCOPY	27.10	25.00	30.00	25.00	20.40	33.90	25.00	33.90	27.10	30.00
22 HEMORRHOIDECTOMY	350.00	350.00	350.00	350.00	350.00	339.25	339.25	350.00	339.25	339.25
23 CHOLECYSTECTOMY	529.20	529.20	475.00	529.20	529.20	542.80	525.00	500.00	542.80	475.00
24 REPAIR HERNIA	300.00	300.00	271.40	300.00	300.00	339.25	339.25	330.00	305.30	305.30
25 CYSTOSCOPY	45.00	47.50	50.75	47.50	40.00	45.00	47.50	55.00	47.50	40.00
26 DILATION OF URETHRA	15.00	15.00	15.00	15.00	15.00	13.60	13.60	20.40	20.40	13.60
27 PROSTATECTOMY	560.00	640.00	678.50	650.00	650.00	610.70	640.00	678.50	650.00	550.00
28 ELECTROSECTION OF PROSTATE	475.00	475.00	664.10	475.00	475.00	610.70	610.70	610.70	610.70	705.60
29 HYSTERECTOMY	542.80	600.00	610.00	600.00	475.00	610.70	613.00	610.70	610.70	610.70
30 EXTRACTION OF LENS	542.80	678.50	600.00	576.70	542.80	542.80	678.50	600.00	576.70	542.80
31 X-RAY CHEST	15.00	16.30	15.00	15.00	17.00	18.00	15.00	15.00	16.30	15.00
32 X-RAY SPINE	20.40	25.00	28.10	27.80	27.00	25.00	25.00	27.10	25.00	20.00
33 X-RAY HIP	22.00	22.00	22.00	22.00	22.00	24.40	24.40	33.90	20.40	24.40
34 X-RAY STOMACH	33.90	45.00	33.90	35.00	33.90	47.50	40.00	44.00	40.00	40.00
35 X-RAY COLON	40.70	40.70	40.00	40.00	40.70	35.00	40.00	47.50	40.00	35.00
36 COBALT	17.00	20.00	15.00	20.00	16.00	17.00	25.00	17.00	20.40	20.40
37 RADIOTHERAPY	33.90	27.10	22.50	20.40	15.00	33.00	25.00	22.50	20.40	20.40
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	4.00	3.00	3.00	3.00	2.00	5.00
39 WHITE CELL COUNT	3.00	4.00	4.00	3.00	4.00	3.00	4.00	3.00	3.00	3.25
40 COMPLETE BLOOD COUNT	10.00	9.00	9.00	7.00	9.00	9.50	8.00	8.50	7.00	8.00
41 CHOLESTEROL BLOOD COUNT	7.00	7.00	5.50	7.50	8.00	6.00	7.00	5.00	5.00	6.50
42 HEMATOCRIT	3.00	4.00	4.00	3.00	6.00	3.25	3.00	3.00	5.00	3.00
43 PROTHROMBIN	5.25	6.00	5.00	7.50	8.00	5.25	6.00	5.00	5.00	7.00
44 SEDIMENTATION RATE	5.00	5.00	5.00	3.00	7.00	4.00	6.00	5.00	3.50	4.00
45 BLOOD SUGAR	6.00	6.00	5.50	6.00	6.00	6.00	6.00	5.00	5.00	6.00
46 BUN UREA NITROGEN	8.00	6.00	5.00	5.00	6.00	7.00	6.00	5.00	5.00	7.00
47 PAP TEST	8.00	10.00	8.00	8.00	8.00	8.00	9.00	8.00	10.00	10.00
48 URINALYSIS	3.00	3.00	3.00	3.00	4.50	4.00	4.00	5.00	5.00	5.00
49 ELECTROCARDIOGRAM	20.00	17.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
50 ELECTROENCEPHALOGRAPH	47.50	47.50	54.30	47.50	47.50	54.30	54.30	54.30	54.30	54.30

1978 PREVAILING CHARGE SUMMARY DATA

OHIO

NATIONWIDE MUTUAL INSURANCE CO.

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION

	06	07	08	09	10	06	07	08	09	10
01 INITIAL LIMITED OFFICE VISIT	14.00	13.60	15.00	19.00	16.00	17.00	15.00	15.00	20.40	20.40
02 INITIAL COMP OFFICE VISIT	30.00	25.00	40.00	27.10	40.70	40.70	40.70	50.00	30.00	40.70
03 MINIMAL OFFICE VISIT	3.00	4.00	4.00	3.00	3.00	5.00	4.00	5.00	3.00	5.40
04 ROUTINE BRIEF OFFICE VISIT	8.10	8.10	8.10	8.10	10.90	9.50	9.50	10.90	10.00	12.00
05 ROUTINE BRIEF HOME VISIT	13.60	12.00	16.30	12.00	16.00	15.00	13.60	20.40	15.00	18.00
06 INITIAL BRIEF HOSPITAL VISIT	21.70	20.40	25.00	20.40	20.40	40.70	30.00	27.10	33.90	33.90
07 INITIAL COMP HOSPITAL VISIT	33.90	33.90	40.00	33.90	40.00	40.70	40.70	47.50	33.90	40.70
08 ROUTINE BRIEF HOSPITAL VISIT	8.10	9.50	9.50	8.10	10.90	10.90	10.90	10.90	12.00	13.60
09 BIOPSY SKIN	20.40	20.40	20.40	20.40	20.40	33.90	33.90	33.90	33.90	33.90
10 RADICAL MASTECTOMY	682.00	475.00	678.50	678.50	610.70	678.50	475.00	678.50	678.50	610.70
11 REDUCTION OF FRACTURE	542.80	542.80	542.80	542.80	542.80	678.50	542.80	678.50	678.50	610.70
12 ARTHROTOMY	13.60	13.60	16.30	15.00	17.60	20.40	20.40	15.00	20.00	16.30
13 NEEDLE PUNCTURE OF BURSA	18.00	18.00	18.00	18.00	18.00	13.60	13.60	13.60	13.60	13.60
14 BRONCHOSCOPY	135.70	135.70	135.70	100.00	135.70	135.70	135.70	135.70	135.70	135.70
15 THORACENTESIS	35.00	33.90	33.90	20.40	33.90	47.50	47.50	50.00	33.90	50.00
16 CATHETERIZATION	300.00	300.00	300.00	300.00	300.00	203.60	203.60	203.60	203.60	300.00
17 INSERTION OF PACEMAKER	814.20	814.20	814.20	814.20	775.00	814.20	814.20	814.20	814.20	775.00
18 BLOOD TRANSFUSION	13.20	13.20	13.20	13.20	13.20	13.20	13.20	13.20	13.20	13.20
19 COLECTOMY	675.00	675.00	675.00	675.00	675.00	684.00	678.50	678.50	576.70	678.50
20 APPENDECTOMY	339.25	339.25	339.25	339.25	339.25	325.00	325.00	325.00	325.00	325.00
21 SIGMOIDOSCOPY	25.00	26.50	27.10	25.00	25.00	47.50	33.90	30.00	25.00	33.90
22 HEMORRHOIDECTOMY	350.00	350.00	350.00	350.00	264.60	339.25	339.25	339.25	339.25	339.25
23 CHOLECYSTECTOMY	529.20	529.20	529.20	529.20	529.20	551.00	441.00	400.00	460.00	542.80
24 REPAIR HERNIA	300.00	300.00	300.00	300.00	300.00	350.00	271.40	250.00	251.00	305.30
25 CYSTOSCOPY	33.90	55.00	47.50	33.90	67.90	33.90	55.00	50.00	35.00	67.90
26 DILATION OF URETHRA	15.00	15.00	15.00	15.00	15.00	13.60	13.60	20.00	16.30	16.00
27 PROSTATECTOMY	650.00	650.00	650.00	502.10	650.00	650.00	650.00	650.00	542.80	650.00
28 ELECTROSECTION OF PROSTATE	475.00	475.00	475.00	475.00	613.00	542.80	542.80	542.80	542.80	678.50
29 HYSTERECTOMY	600.00	600.00	542.80	600.00	600.00	610.70	610.70	610.70	610.70	610.70
30 EXTRACTION OF LENS	475.00	542.80	475.00	500.00	610.70	542.80	550.00	475.00	500.00	610.70
31 X-RAY CHEST	15.00	16.30	16.30	15.00	16.30	10.20	10.20	8.10	15.00	12.00
32 X-RAY SPINE	20.40	20.40	20.40	20.40	25.00	27.10	13.60	27.10	20.00	23.10
33 X-RAY HIP	22.00	22.00	22.00	22.00	22.00	24.40	24.40	24.40	24.40	23.10
34 X-RAY STOMACH	33.90	33.90	33.90	33.90	33.90	45.00	45.00	45.00	40.70	35.00
35 X-RAY COLON	40.70	40.70	40.70	40.70	40.70	40.70	33.90	40.70	40.70	38.00
36 COBALT	17.00	17.00	17.00	17.00	13.60	17.00	17.00	17.00	17.00	15.00
37 RADIOTHERAPY	24.40	24.40	24.40	20.40	24.40	25.60	24.40	24.40	20.40	24.40
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	3.00	3.00	2.50	4.00	5.00	3.00
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.50
40 COMPLETE BLOOD COUNT	7.50	6.00	5.00	6.00	7.20	7.50	10.00	8.00	7.00	8.00
41 CHOLESTEROL BLOOD COUNT	5.00	5.00	10.00	9.00	5.00	6.00	6.00	6.00	6.00	5.00
42 HEMATOCRIT	3.00	3.30	3.00	3.00	3.00	3.00	2.50	3.00	4.00	2.50
43 PROTHROMBIN	6.00	4.00	6.00	4.00	6.00	5.50	5.50	5.50	4.00	5.00
44 SEDIMENTATION RATE	5.00	5.00	5.00	5.00	5.00	4.25	3.50	4.25	4.25	4.00
45 BLOOD SUGAR	5.00	5.00	5.00	5.00	5.00	5.50	5.00	5.00	6.00	4.00
46 BUN UREA NITROGEN	7.00	7.00	7.00	5.00	5.00	6.50	6.00	6.00	6.00	5.00
47 PAP TEST	10.00	8.00	8.00	6.00	7.00	8.00	6.00	7.00	5.00	10.00
48 URINALYSIS	3.00	3.00	2.00	3.00	3.00	4.00	3.00	4.00	4.00	3.50
49 ELECTROCARDIOGRAM	20.00	15.00	20.00	25.00	20.00	20.40	18.00	18.00	20.00	20.00
50 ELECTROENCEPHALOGRAPH	47.50	47.50	47.50	47.50	47.50	54.30	54.30	54.30	54.30	54.30

1978 PREVAILING CHARGE SUMMARY DATA

OHIO

NATIONWIDE MUTUAL INSURANCE CO.

LOCALITY DESIGNATION FOR SPECIALIST

LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION

11

12

13

14

15

11

12

13

14

15

01 INITIAL LIMITED OFFICE VISIT

15.00

15.00

15.00

15.00

13.60

20.00

15.00

20.00

20.40

15.00

02 INITIAL COMP OFFICE VISIT

35.00

33.90

35.00

30.00

40.00

40.00

30.00

40.00

50.00

33.90

03 MINIMAL OFFICE VISIT

4.00

3.00

3.00

3.00

5.30

5.00

5.00

5.40

5.00

4.10

04 ROUTINE BRIEF OFFICE VISIT

10.00

8.10

8.10

8.10

8.10

10.90

9.50

12.00

13.00

9.50

05 ROUTINE BRIEF HOME VISIT

15.00

12.00

13.60

13.00

13.60

15.00

15.00

20.00

13.60

10.00

06 ROUTINE BRIEF HOSPITAL VISIT

20.40

25.00

20.40

20.40

20.40

27.10

27.10

33.90

30.00

35.00

07 INITIAL COMP HOSPITAL VISIT

40.00

40.00

33.90

40.00

30.00

50.00

47.50

63.00

54.30

40.70

08 ROUTINE BRIEF HOSPITAL VISIT

10.00

9.50

8.10

8.10

9.50

10.90

12.00

12.00

12.00

10.90

09 BIOPSY SKIN

20.40

20.40

20.40

30.00

20.40

33.90

33.90

33.90

33.90

33.90

10 RADICAL MASTECTOMY

542.80

678.50

678.50

678.50

678.50

542.80

678.50

678.50

678.50

678.50

11 REDUCTION OF FRACTURE

542.80

542.80

542.80

542.80

542.80

610.70

678.50

678.50

678.50

900.00

12 ARTHROTOMY

20.40

17.60

13.60

15.00

15.00

20.40

20.40

20.40

20.40

20.40

13 NEEDLE PUNCTURE OF BURSA

25.00

18.00

18.00

18.00

18.00

13.60

13.60

13.60

13.60

13.60

14 BRONCHOSCOPY

175.00

135.70

135.70

135.70

135.70

135.70

135.70

135.70

135.70

135.70

15 THORACENTESIS

35.00

33.90

33.90

33.90

33.90

47.50

47.50

47.50

47.50

47.50

16 CATHETERIZATION

237.50

300.00

300.00

300.00

300.00

203.60

203.60

203.60

203.60

203.60

17 INSERTION OF PACEMAKER

864.00

814.20

814.20

814.20

814.20

864.00

814.20

814.20

814.20

814.20

18 BLOOD TRANSFUSION

13.20

13.20

13.20

13.20

13.20

13.20

13.20

13.20

13.20

13.20

19 COLECTOMY

675.00

675.00

675.00

675.00

675.00

678.50

678.50

678.50

600.00

610.70

20 APPENDECTOMY

339.25

339.25

339.25

339.25

339.25

325.00

325.00

325.00

325.00

325.00

21 SIGMOIDOSCOPY

27.10

25.00

20.40

20.40

20.40

35.00

27.10

20.40

25.00

20.40

22 HEMORRHOIDECTOMY

350.00

350.00

350.00

203.60

270.00

339.25

339.25

339.25

203.60

250.00

23 CHOLECYSTECTOMY

529.20

529.20

529.20

529.20

529.20

500.00

475.00

507.00

475.00

510.00

24 REPAIR HERNIA

271.40

300.00

300.00

300.00

300.00

339.25

275.00

271.40

300.00

305.30

25 CYSTOSCOPY

55.00

33.90

55.00

55.00

55.00

55.00

33.90

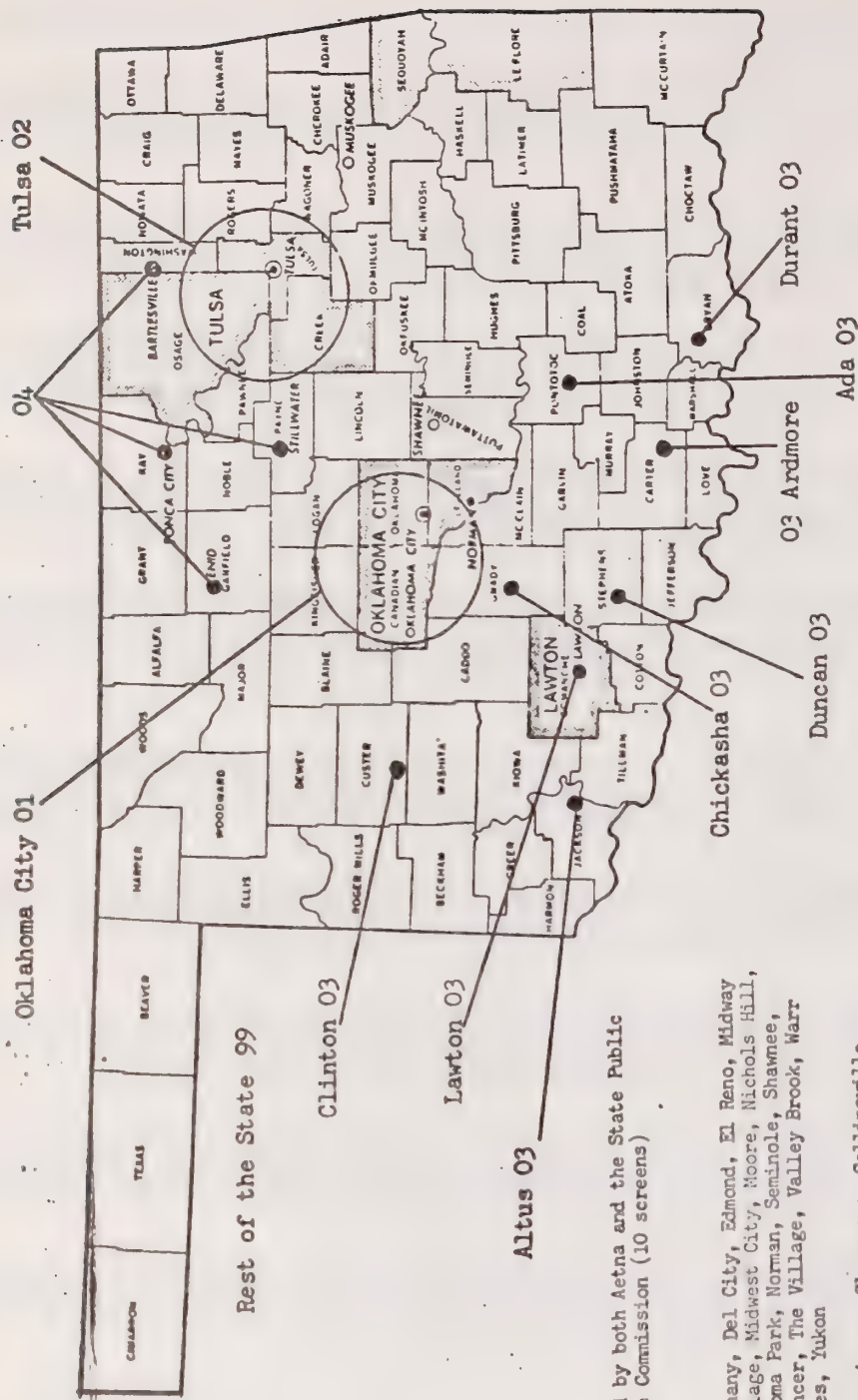
55.00

55.00

55.00

26 DILATION OF URETHRA

OKLAHOMA



Five Localities: handled by both Aetna and the State Public Welfare Commission (10 screens)

01 - Oklahoma City: Bethany, Del City, Edmond, El Reno, Midway Village, Midwest City, Moore, Nichols Hill, Nicoma Park, Norman, Seminole, Shawnee, Spencer, The Village, Valley Brook, Warr Acres, Yukon

02 - Tulsa: Bixby, Broken Arrow, Claremore, Collinsville, Coweta, Jenks, Oakhurst, Owasso, Prattville, Sand Springs, Sapulpa, Skiatook, Turley, McAlester, Muskogee, Okmulgee, Catoosa

03 - Ada, Ardmore, Durant, Chickasha, Lawton, Altus, Clinton, Duncan

04 - Enid, Ponca City, Bartlesville, Stillwater

99 - All other

(Locality is determined by the city cited in the return address.)

ОКЛАНОМА

113

1978 PREVAILING CHARGE SUMMARY DATA DEPT. OF INST., SOCIAL AND REHAB.

OKLAHOMA

LOCALITY DESIGNATION FOR SPECIALIST

LOCALITY DESIGNATION FOR GENERAL PRACTICE

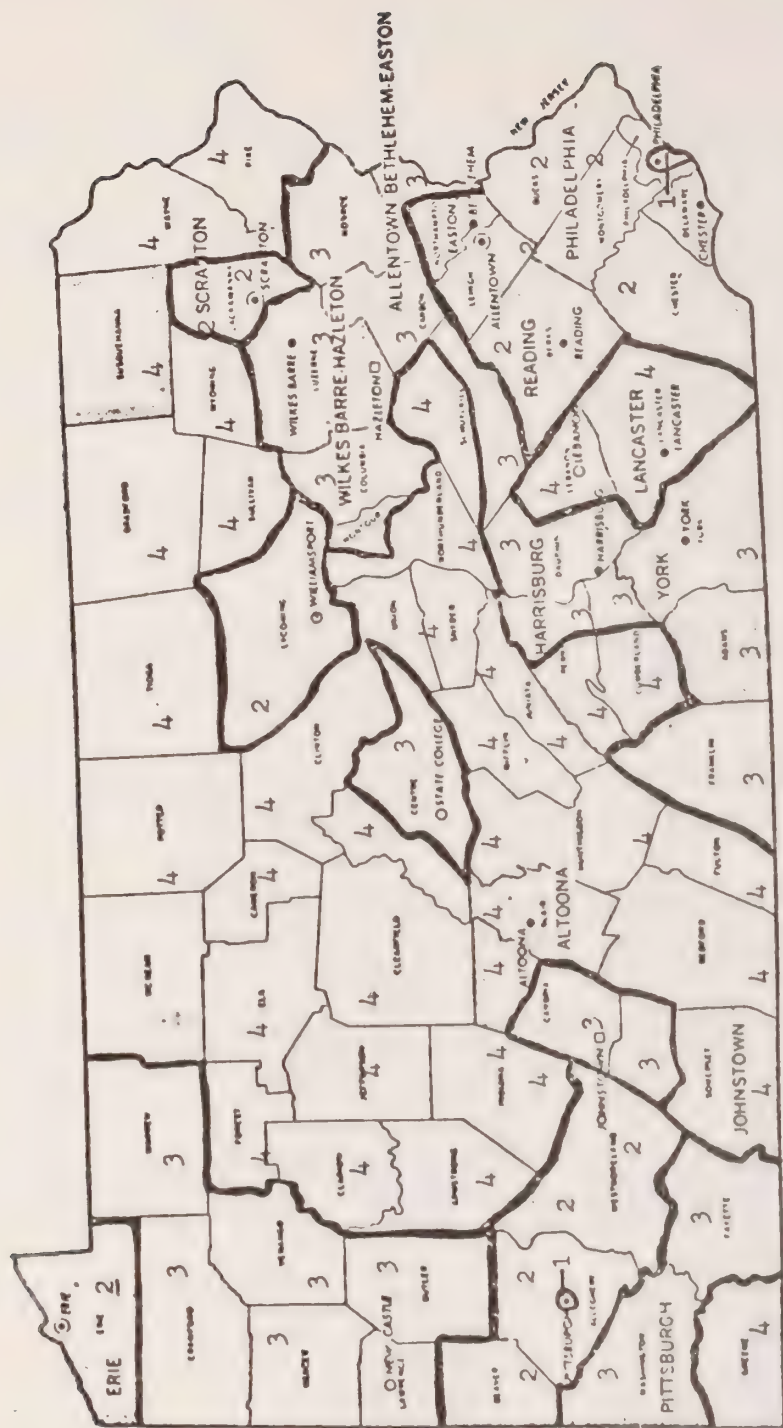
PROCEDURE DESCRIPTION

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	99	01	02	03	04	99
01 INITIAL LIMITED OFFICE VISIT	15.00	10.00	12.00	12.00	10.00	40.00	20.30	15.00	16.30	16.30
02 INITIAL COMP. OFFICE VISIT	15.00	30.00	30.00	30.00	35.00	47.50	61.00	40.00	50.00	50.00
03 MINIMAL OFFICE VISIT	5.40	5.00	5.40	3.00	5.00	5.92	4.00	3.00	6.80	6.80
04 ROUTINE BRIEF OFFICE VISIT	8.20	8.20	6.80	8.20	6.80	10.80	12.50	8.50	8.20	6.80
05 ROUTINE BRIEF HOME VISIT	13.60	13.60	13.60	13.60	12.00	20.00	20.00	13.60	20.30	15.00
06 INITIAL BRIEF HOSPITAL VISIT	27.10	25.00	20.30	20.30	20.30	35.00	35.00	25.00	27.10	30.00
07 INITIAL COMP. HOSPITAL VISIT	47.50	50.00	40.70	44.70	35.00	54.20	60.00	47.50	50.00	50.00
08 ROUTINE BRIEF HOSPITAL VISIT	12.00	12.00	8.50	9.50	10.00	13.60	13.60	13.60	12.50	10.00
09 BIOPSY SKIN	20.00	20.00	20.00	17.70	20.30	20.30	35.00	19.95	33.90	30.50
10 RADICAL MASTECTOMY	589.50	589.50	589.50	589.50	589.50	625.00	678.50	678.50	641.60	589.50
11 REDUCTION OF FRACTURE	475.00	586.20	542.80	475.00	542.80	610.70	760.00	542.80	610.70	678.50
12 AMPUTATION	13.60	13.60	13.60	14.10	13.20	15.00	20.00	16.30	15.00	15.00
13 NEEDLE PUNCTURE OF BURSA	15.00	13.00	15.10	13.60	10.20	21.00	21.00	18.40	21.00	21.00
14 BRONCHOSCOPY	130.00	102.00	105.00	109.50	106.50	108.60	110.00	110.00	110.00	110.00
15 THORACENTESIS	33.90	26.30	32.90	26.30	27.10	35.00	35.00	35.00	35.00	25.00
16 CATHETERIZATION	265.50	238.00	245.00	255.50	248.50	226.00	226.00	226.00	262.50	241.50
17 INSERTION OF PACEMAKER	730.00	680.00	700.00	730.00	710.00	1500.00	1050.00	660.00	750.00	690.00
18 BLOOD TRANSFUSION	14.60	13.60	14.00	14.50	14.20	17.20	17.50	15.40	15.00	16.00
19 COLECTOMY	586.00	586.20	560.00	567.00	610.70	678.50	760.00	648.00	678.50	640.00
20 APPENDECTOMY	292.00	272.00	280.00	292.00	284.00	300.00	344.00	308.00	324.00	320.00
21 SIGMOIDOSCOPY	33.90	25.00	20.30	35.00	25.00	27.10	25.00	25.00	30.00	20.30
22 HEMORRHOIDECTOMY	250.00	330.00	271.40	219.00	250.00	300.00	300.00	220.50	265.00	244.30
23 CHOLECYSTECTOMY	475.00	475.00	475.00	475.00	475.00	508.90	507.50	488.60	475.00	450.00
24 REPAIR HERNIA	271.40	271.40	271.40	300.00	271.40	335.00	350.00	305.30	306.00	305.30
25 CYSTOSCOPY	40.00	34.00	40.00	36.50	40.00	40.00	40.00	35.00	40.00	36.70
26 DILATION OF URETHRA	14.10	14.10	25.00	14.10	14.10	15.00	14.10	13.20	14.10	14.10
27 PROSTATECTOMY	584.00	544.00	560.00	584.00	589.50	610.00	725.00	678.50	589.50	678.50
28 ELECTROSECTION OF PROSTATE	584.00	560.00	560.00	584.00	568.00	610.00	656.00	542.80	597.00	586.20
29 HYSTERECTOMY	500.00	512.90	512.90	500.00	500.00	600.00	625.00	600.00	600.00	530.60
30 EXTRACTION OF LENS	584.00	544.00	560.00	584.00	542.80	542.80	542.80	542.80	542.80	475.00
31 X-RAY CHEST	15.00	16.30	16.20	20.00	16.30	12.00	17.00	12.50	17.50	13.40
32 X-RAY SPINE	26.25	27.10	17.50	27.10	27.10	25.36	27.10	25.00	25.00	20.10
33 X-RAY HIP	21.00	21.70	21.00	23.00	20.00	21.25	22.90	21.25	21.25	21.25
34 X-RAY STOMACH	45.00	47.50	40.00	41.30	48.00	40.70	44.00	40.00	47.50	40.00
35 X-RAY COLON	40.70	45.00	42.00	42.00	45.00	34.50	40.70	38.03	50.00	38.03
36 COBALT	22.80	20.30	19.20	25.50	22.50	19.80	20.00	20.40	25.00	20.10
37 RADIOGRAPHY	30.40	32.40	25.60	34.00	30.00	25.00	20.30	20.00	25.00	26.80
38 HEMOGLOBIN	5.00	3.00	3.00	3.50	4.00	3.00	3.00	3.00	2.00	3.00
39 WHITE CELL COUNT	5.00	4.00	3.00	3.50	4.00	4.50	4.50	4.00	2.00	4.50
40 COMPLETE BLOOD COUNT	10.00	10.00	8.50	8.50	8.00	9.00	8.15	9.50	8.00	6.48
41 CHOLESTEROL BLOOD COUNT	6.00	8.00	8.00	10.00	7.00	7.50	7.00	8.00	6.00	10.00
42 HEMATOCRIT	4.00	6.00	4.00	3.25	3.00	3.50	4.50	3.00	3.00	3.50
43 PROTHROMBIN	6.00	8.00	6.00	5.00	7.00	5.50	6.55	5.00	5.00	8.00
44 SEDIMENTATION RATE	6.00	5.00	4.00	6.00	10.00	5.00	4.50	4.00	5.00	4.75
45 BLOOD SUGAR	6.00	8.00	6.50	7.00	7.00	6.50	6.00	6.50	5.00	8.00
46 BUN UREA NITROGEN	6.00	10.00	7.00	7.00	6.00	7.50	7.00	8.00	7.50	7.50
47 PAP TEST	10.00	11.00	10.00	10.00	10.50	9.00	10.00	10.00	10.00	12.00
48 URINALYSIS	5.00	5.00	4.00	4.00	4.00	5.50	4.50	4.00	4.00	4.32
49 ELECTROCARDIOGRAM	20.00	20.00	18.50	20.00	20.00	20.00	20.00	18.50	20.00	15.00
50 ELECTROENCEPHALOGRAM	64.40	65.80	55.30	60.20	54.60	54.20	52.00	60.20	86.10	86.10

OREGON

PENNSYLVANIA



Four Localities:

- 1 - Areas of Medical Schools/Specialty Hospitals
- 2 - Major Metropolitan Areas
- 3 - Lesser Metropolitan Areas
- 4 - Urban Areas

Note exceptions for Pittsburgh and Philadelphia in Appendix A

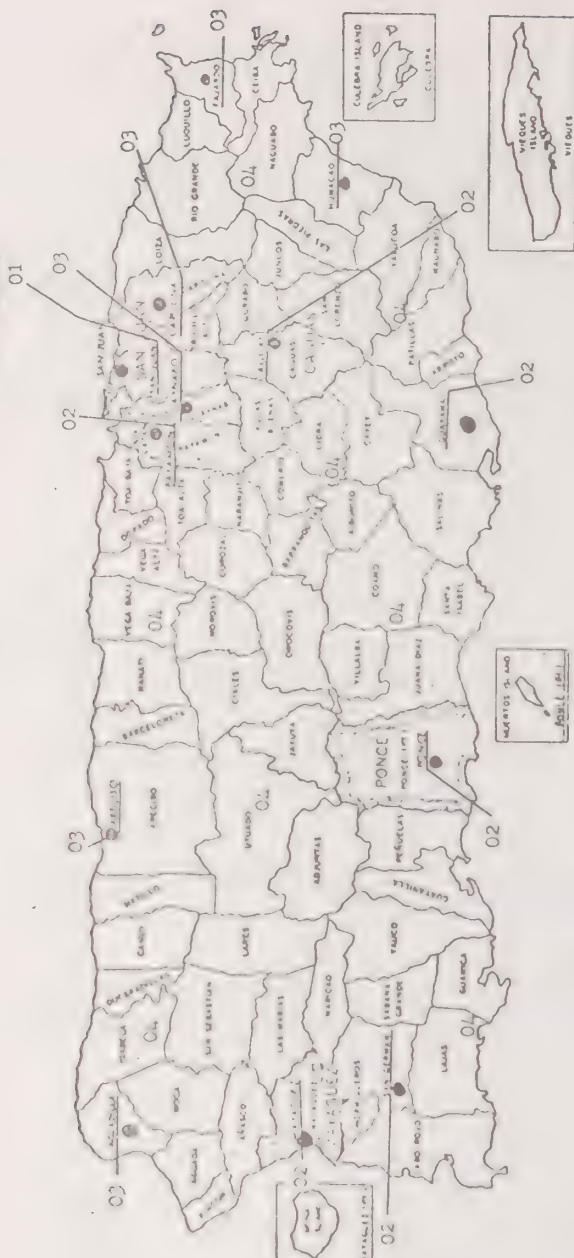
1978 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S

PENNSYLVANIA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST			
	1	2	3	4	1	2	3	4
01 INITIAL LIMITED OFFICE VISIT	12.00	13.00	11.00	12.00	20.00	15.00	15.00	13.00
02 INITIAL COMP OFFICE VISIT	33.90	35.00	20.00	20.00	50.00	50.00	40.00	40.00
03 MINIMAL OFFICE VISIT								
04 ROUTINE BRIEF OFFICE VISIT	10.00	10.00	9.00	8.00	12.00	12.00	12.00	10.00
05 ROUTINE BRIEF HOME VISIT	12.00	13.60	12.00	11.00	13.60	13.60	13.60	10.90
06 INITIAL BRIEF HOSPITAL VISIT	40.70	30.00	27.10	25.00	47.50	40.00	40.00	30.00
07 INITIAL COMP HOSPITAL VISIT	47.50	35.00	40.00	35.00	55.00	50.00	47.50	47.50
08 ROUTINE BRIEF HOSPITAL VISIT	12.00	10.00	10.00	9.00	15.00	13.60	12.00	10.00
09 BIOPSY SKIN								
10 RADICAL MASTECTOMY	678.50	610.70	600.00	500.00	678.50	624.00	542.80	500.00
11 REDUCTION OF FRACTURE	814.20	678.50	678.50	678.50	875.00	814.20	624.20	678.50
12 ARTHROTOMY	20.00	20.00	20.40	18.00	20.00	20.00	20.00	20.00
13 NEEDLE PUNCTURE OF BURSA								
14 BRONCHOSCOPY	200.00	150.00	150.00	150.00	135.70	135.70	131.80	125.00
15 THORACENTESIS	35.00	30.00	40.00	35.00	85.00	67.90	67.90	70.00
16 CATHETERIZATION	500.00	500.00	500.00	500.00	600.00	525.00	500.00	550.00
17 INSERTION OF PACEMAKER	675.50	675.00	715.00	600.00	650.00	650.00	650.00	650.00
18 BLOOD TRANSFUSION	15.00	15.00	15.00	15.00	20.00	15.00	15.00	15.00
19 COLECTOMY	814.20	814.20	666.00	600.00	850.00	814.20	650.00	600.00
20 APPENDECTOMY	271.40	293.00	271.40	271.40	339.25	305.30	285.00	271.40
21 SIGMOIDOSCOPY	25.00	20.00	25.00	30.00	47.50	33.90	33.90	35.00
22 HEMORRHOIDECTOMY	271.40	271.40	271.40	250.00	271.40	271.40	223.90	237.50
23 COLECYSTECTOMY	407.10	441.00	407.10	475.00	542.80	475.00	475.00	447.80
24 REPAIR HERNIA	271.40	271.40	271.40	271.40	339.25	339.25	271.40	271.40
25 CYSTOSCOPY	55.00	60.00	56.00	50.00	55.00	60.00	56.00	50.00
26 DILATION OF URETHRA	13.60	15.00	13.60	13.60	20.00	15.00	12.00	10.00
27 PROSTATECTOMY	678.50	678.50	560.00	580.00	678.50	678.50	560.00	580.00
28 ELECTROSECTION OF PROSTATE	651.40	650.00	640.00	560.00	678.50	675.00	597.10	580.00
29 HYSTERECTOMY	475.00	508.90	475.00	475.00	610.70	610.90	542.80	500.00
30 EXTRACTION OF LENS	600.00	542.80	600.00	576.70	600.00	610.70	600.00	600.00
31 X-RAY CHEST	30.00	28.00	25.00	23.00	30.00	29.90	25.00	23.00
32 X-RAY SPINE	50.00	45.00	47.50	47.50	47.50	42.00	45.00	35.00
33 X-RAY HIP	30.00	25.00	30.00	27.10	27.10	25.00	21.00	20.00
34 X-RAY STOMACH	60.00	60.00	54.30	45.00	60.75	60.00	54.30	45.00
35 X-RAY COLON	40.00	40.00	40.00	40.70	61.00	45.00	47.50	40.00
36 COBALT	27.70	25.10	20.00	24.20	44.40	24.80	20.00	26.60
37 RADIOTHERAPY	34.60	31.30	33.10	30.30	29.60	31.10	20.80	33.40
38 HEMOGLOBIN	5.00	3.00	3.00	2.00	3.00	3.00	3.00	2.70
39 WHITE CELL COUNT	3.50	3.50	3.50	4.00	2.00	3.00	2.50	2.50
40 COMPLETE BLOOD COUNT	8.00	8.00	6.00	7.00	8.00	8.00	6.00	6.00
41 CHOLESTEROL BLOOD COUNT	7.00	7.50	5.00	5.00	6.00	6.00	6.00	6.00
42 HEMATOCRIT	3.00	3.00	3.00	2.50	3.00	3.00	4.00	3.00
43 PROTHROMBIN	7.00	6.00	5.00	5.00	6.00	6.00	5.00	4.00
44 SEDIMENTATION RATE	5.00	5.00	4.00	5.00	5.00	5.00	5.00	4.00
45 BLOOD SUGAR	5.00	6.00	5.00	5.00	5.00	5.00	5.00	6.00
46 BUN UREA NITROGEN	5.00	7.00	6.80	5.00	6.00	6.00	6.00	5.00
47 PAP TEST	18.00	10.00	15.00	15.00	10.00	10.00	10.00	13.60
48 URINALYSIS	4.00	5.00	3.00	3.00	4.00	4.00	3.00	3.00
49 ELECTROCARDIOGRAM	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
50 ELECTROENCEPHALOGRAM	55.00	55.00	50.00	55.00	60.00	55.00	54.30	50.00

PUERTO RICO

San Juan, Hato Rey, Santurce, &
Rio Piedras



PUERTO RICO

Four Localities:

- 01 Cities of San Juan, Hato Rey, Santurce, Rio Piedras
(San Juan Metropolitan area)
- 02 Cities of Ponce, Mayaguez, San German, Bayamon, Caguas, Guayama
- 03 Cities of Arecibo, Humacao, Aguadilla, Fajardo, Carolina
and Guaynabo
- 04 The rest of the towns in Puerto Rico

(Locality is determined by the city cited in the
return address.)

VIRGIN ISLANDS

One Locality - Too small for separate screens. Handled by the

Puerto Rico carrier.

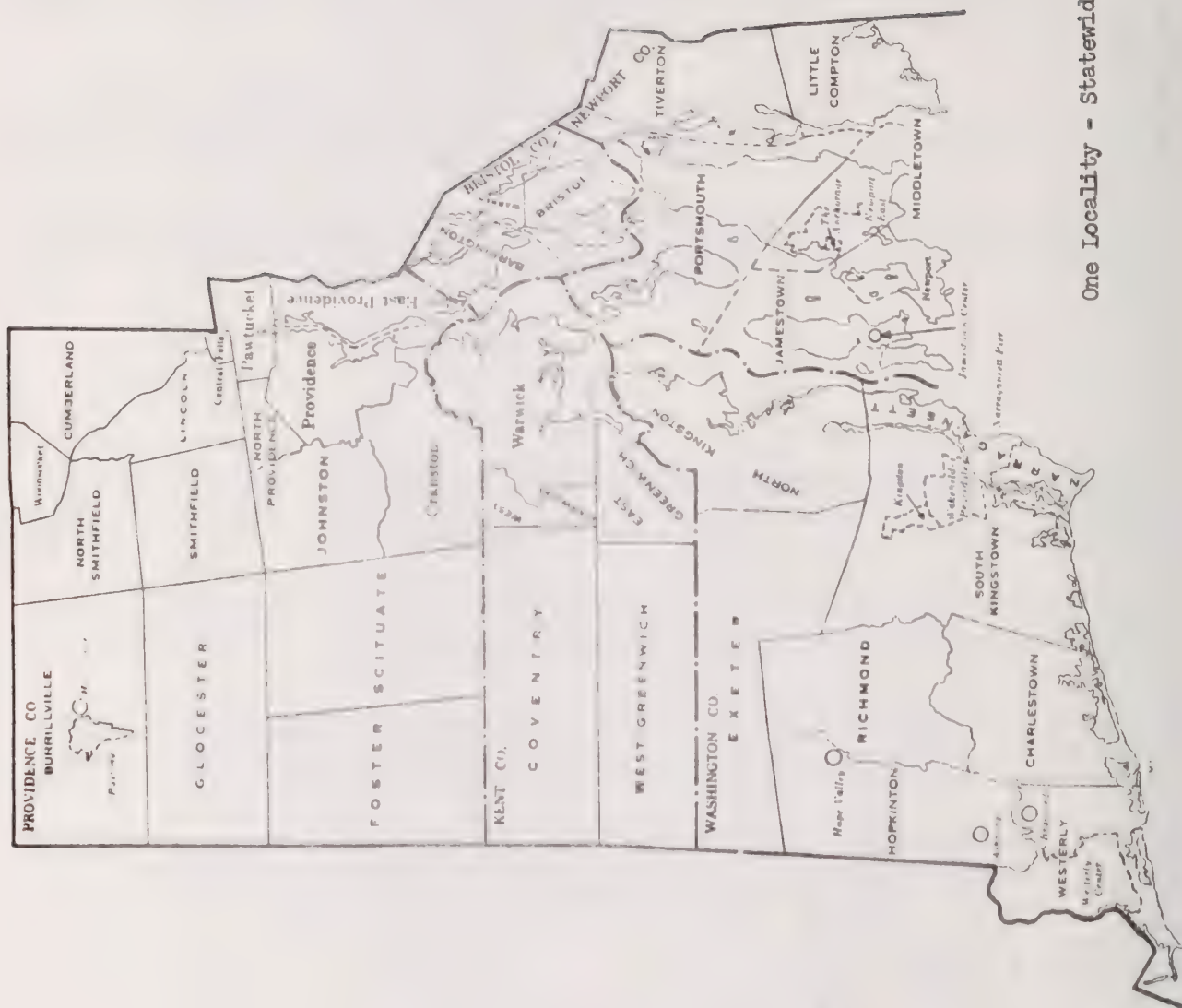
1978 PREVAILING CHARGE SUMMARY DATA

SEGUROS DE SERVICIO DE SALUD PR.

PUERTO RICO

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST			
	AREA 1	AREA 2	AREA 3	AREA 4	AREA 1	AREA 2	AREA 3	AREA 4
01 INITIAL LIMITED OFFICE VISIT	12.00	10.00	10.00		15.00	13.60	13.60	10.00
02 INITIAL COMP OFFICE VISIT	10.00	10.00	10.00	10.00	30.00	25.00	25.00	20.00
03 MINIMAL OFFICE VISIT								
04 ROUTINE BRIEF OFFICE VISIT	20.30	15.00	13.60	13.60	13.80	13.60	13.90	13.90
05 ROUTINE BRIEF HOME VISIT	20.00	15.00	15.00	15.00	25.00	20.00	20.00	10.00
06 INITIAL BRIEF HOSPITAL VISIT	20.00	20.00	30.00	15.00	30.00	27.10	25.00	25.00
07 INITIAL COMP HOSPITAL VISIT	13.60	10.00	10.00	10.00	30.00	25.20	25.00	20.00
08 ROUTINE BRIEF HOSPITAL VISIT	19.80*	18.60*	22.50*	20.40*	13.60	13.60	13.60	12.00
09 BIOPSY SKIN	462.00*	434.00*	525.00*	476.00*	32.70*	25.80*	24.60*	21.90*
10 RADICAL MASTECTOMY	528.00*	496.00*	600.00*	544.00*	814.20	750.00	574.00*	511.00*
11 REDUCTION OF FRACTURE	19.80*	18.60*	22.50*	20.40*	648.00*	752.00*	680.00*	
12 ARTHROTOMY	19.80*	18.60*	22.50*	20.40*	24.30*	28.20*	25.50*	
13 NEEDLE PUNCTURE OF BURSA	99.00*	93.00*	112.50*	102.00*	32.70*	25.80*	24.60*	21.90*
14 BRONCHOSCOPY	26.40*	24.80*	30.00*	27.20*	124.90	101.80	123.00*	109.50*
15 THORACENTESIS	231.00*	217.00*	262.50*	238.00*	43.60*	34.40*	32.80*	29.20*
16 CATHETERIZATION	660.00*	620.00*	750.00*	680.00*	374.50*	266.00	322.00*	
17 INSERTION OF PACEMAKER	13.20*	12.40*	15.00*	13.50*	1070.00*	760.00	920.00*	
18 BLOOD TRANSFUSION	528.00*	496.00*	600.00*	544.00*	21.80*	17.20*	16.40*	14.60*
19 COLECTOMY	231.00*	217.00*	237.50	238.00*	900.00	678.50	656.00*	584.00*
20 APPENDECTOMY	19.80*	20.00	25.00	20.40*	350.00	300.00	280.00	250.00
21 SIGMOIDOSCOPY	198.00*	186.00*	225.00*	204.00*	40.00	20.00	30.00*	21.90*
22 HEMORRHOIDECTOMY	396.00*	372.00*	400.00	408.00*	305.30	300.00	246.00*	219.00*
23 CHOLECYSTECTOMY	350.00	217.00*	245.00	238.00*	651.40	542.80	542.80	542.80
24 REPAIR HERNIA	33.00*	31.00*	37.50*	34.00*	407.10	332.50	271.40	200.00
25 CYSTOSCOPY	26.40*	24.80*	30.00*	27.20*	53.20	47.50	50.00	
26 DILATION OF URETHRA	528.00*	496.00*	600.00*	544.00*	29.60*	36.40*	36.00*	
27 PROSTATECTOMY	528.00*	496.00*	600.00*	544.00*	800.00	700.00	720.00*	
28 ELECTROSECTION OF PROSTATE	462.00*	434.00*	525.00*	476.00*	800.00	640.00	542.80	
29 HYSTERECTOMY	528.00*	496.00*	600.00*	544.00*	678.50	550.00	542.80	
30 EXTRACTION OF LENS	11.50	11.50	11.50	11.50	650.00	589.50	600.00	500.00
31 X-RAY CHEST	46.00	46.00	46.00	46.00	11.50	11.50	11.50	11.50
32 X-RAY SPINE	23.00	23.00	23.00	23.00	46.00	46.00	46.00	46.00
33 X-RAY HIP	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00
34 X-RAY STOMACH	46.00	46.00	46.00	46.00	57.50	57.50	57.50	57.50
35 X-RAY COLON					46.00	46.00	46.00	46.00
36 COBALT		20.00			25.00	17.00		
37 RADIO THERAPY		40.00			40.00	23.00		
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
39 WHITE CELL COUNT	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
40 COMPLETE BLOOD COUNT	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
41 CHOLESTEROL BLOOD COUNT	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
42 HEMATOCRIT	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
43 PROTHROMBIN	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00
44 SEDIMENTATION RATE	6.00	6.00	6.00	6.00	7.00	7.00	7.00	7.00
45 BLOOD SUGAR	7.00	7.00	7.00	7.00	5.00	5.00	5.00	5.00
46 BUN UREA NITROGEN	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
47 PAP TEST	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50
48 URINALYSIS	6.00	6.00	5.00	6.00	5.00	5.00	5.00	5.00
49 ELECTROCARDIOGRAM	25.00	30.00	20.00	25.00	30.00	25.00	25.00	25.00
50 ELECTROENCEPHALOGRAM					40.00	40.00	43.50	

RHODE ISLAND



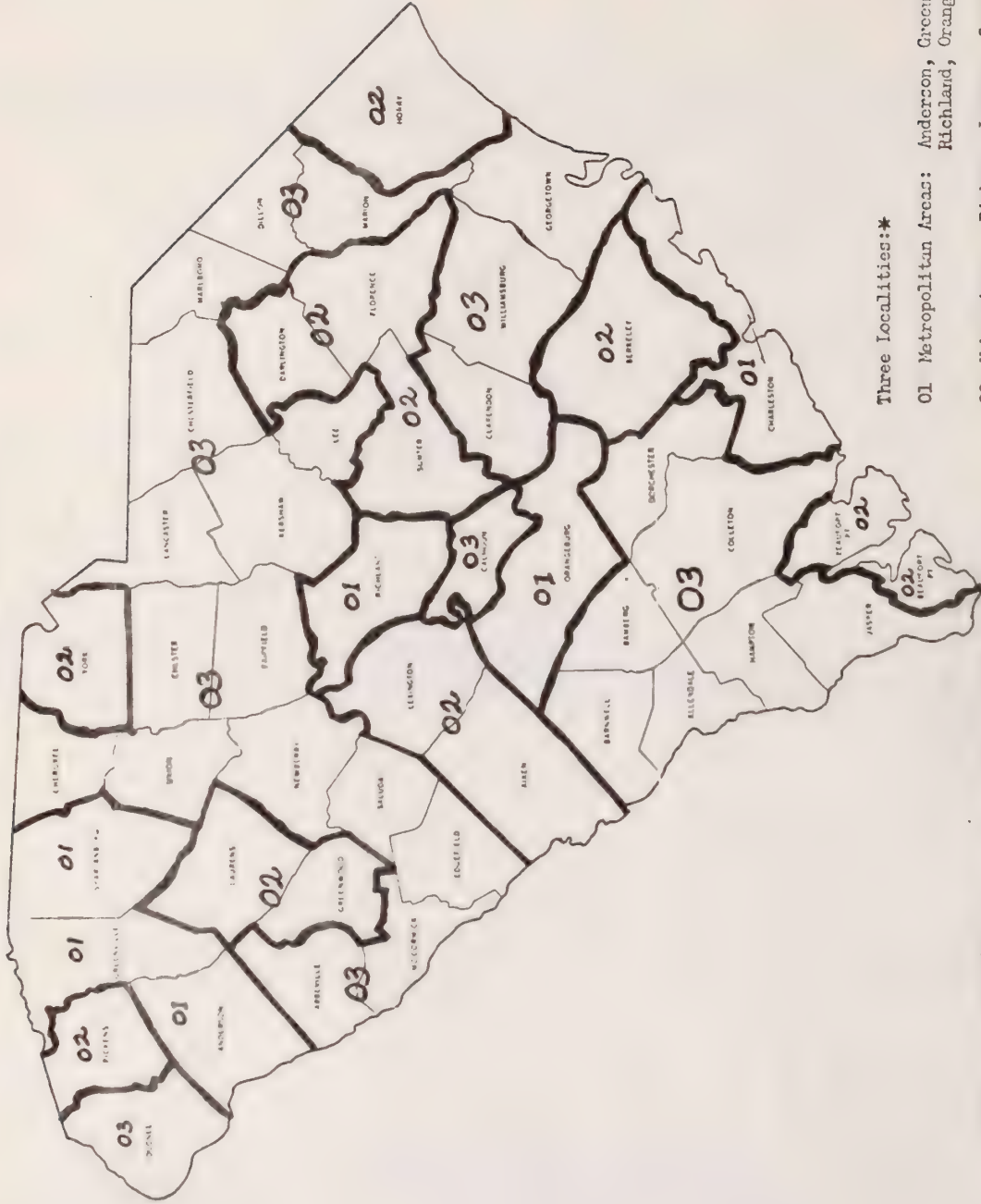
One Locality - Statewide

1978 PREVAILING CHARGE SUMMARY DATA B/S OF RHODE ISLAND RHODE ISLAND

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE
01 INITIAL LIMITED OFFICE VISIT	20.00	29.48
02 INITIAL COMP OFFICE VISIT	30.00	47.50
03 MINIMAL OFFICE VISIT	12.97	13.57
04 ROUTINE BRIEF OFFICE VISIT	10.86	13.57
05 ROUTINE BRIEF HOME VISIT	16.28	20.36
06 INITIAL BRIEF HOSPITAL VISIT	25.00	50.00
07 INITIAL COMP HOSPITAL VISIT	33.93	50.00
08 ROUTINE BRIEF HOSPITAL VISIT	15.00	14.15
09 BIOPSY SKIN	27.14	25.00
10 RADICAL MASTECTOMY	746.35	746.35
11 REDUCTION OF FRACTURE	678.50	712.43
12 ARTHROTOMY	20.36	29.48
13 NEEDLE PUNCTURE OF BURSA	20.36	20.00
14 BRONCHOSCOPY	169.63	200.00
15 THORACENTESIS	33.93	40.71
16 CATHETERIZATION	250.00	250.00
17 INSERTION OF PACEMAKER	404.39	404.39
18 BLOOD TRANSFUSION	25.00*	25.00*
19 COLECTOMY	800.00	800.00
20 APPENDECTOMY	339.25	339.25
21 SIGMOIDOSCOPY	33.93	40.00
22 HEMORRHOIDECTOMY	300.00	300.00
23 CHOLECYSTECTOMY	600.00	600.00
24 REPAIR HERNIA	339.25	305.00
25 CYSTOSCOPY	67.85	67.85
26 DILATION OF URETHRA	15.00	12.00
27 PROSTATECTOMY	724.64	724.64
28 ELECTROSECTION OF PROSTATE	610.65	610.72
29 HYSTERECTOMY	650.00	650.00
30 EXTRACTION OF LENS	600.00	600.00
31 X-RAY CHEST	20.36	15.00
32 X-RAY SPINE	27.14	27.14
33 X-RAY HIP	20.36	20.36
34 X-RAY STOMACH	47.50	18.00
35 X-RAY COLON	40.71	40.71
36 COBALT	46.04	46.04
37 RADIOTHERAPY		
38 HEMOGLOBIN	5.00	3.00
39 WHITE CELL COUNT	3.00	4.00
40 COMPLETE BLOOD COUNT	11.00	7.00
41 CHOLESTEROL BLOOD COUNT	7.00	7.00
42 HEMATOCRIT	5.00	3.50
43 PROTHROMBIN	6.00	6.00
44 SEDIMENTATION RATE	4.00	5.00
45 BLOOD SUGAR	6.00	6.00
46 BUN UREA NITROGEN	6.00	5.00
47 PAP TEST	5.00	7.00
48 URINALYSIS	5.00	5.00
49 ELECTROCARDIOGRAM	25.00	25.00
50 ELECTROENCEPHALOGRAPH	40.00	40.00

SOUTH CAROLINA



*Effective 02/78, South Carolina will change to one statewide locality.

Three Localities:*

- 01 Metropolitan Areas: Anderson, Greenville, Spartanburg, Richland, Orangeburg, Charleston Counties
- 02 Urban Areas: Pickens, Laurens, Greenwood, York, Lexington, Aiken, Sumter, Darlington, Florence, Berkeley, Horry, Beaufort Point Counties
- 03 Rural Areas: Oconee, Cherokee, Union, Chester, Lancaster, Chesterfield, Marlboro, Kershaw, Fairfield, Newberry, Abbeville, McCormick, Edgefield, Saluda, Calhoun, Lee, Dillon, Marion, Georgetown, Williamsburg, Clarendon, Dorchester, Bamberg, Barnwell, Colleton, Hampton, Allendale, Jasper Counties

1978 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF SOUTH CAROLINA

SOUTH CAROLINA

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE			LOCALITY DESIGNATION FOR SPECIALIST		
	METRO	URBAN	RURAL	METRO	URBAN	RURAL
01 INITIAL LIMITED OFFICE VISIT	15.00	15.00	15.00	25.00	25.00	24.07
02 INITIAL COMP OFFICE VISIT	30.00	25.00	25.00	47.50	35.00	33.93
03 MINIMAL OFFICE VISIT	8.14	8.14	6.79	10.00	5.00	8.00
04 ROUTINE BRIEF OFFICE VISIT	13.57	13.57	13.57	20.36	16.28	13.57
05 ROUTINE BRIEF HOME VISIT	33.93	30.00	33.93	47.50	47.50	47.50
06 INITIAL BRIEF HOSPITAL VISIT	33.93	30.00	33.93	47.50	47.50	47.50
07 INITIAL COMP HOSPITAL VISIT	33.93	30.00	33.93	47.50	47.50	47.50
08 ROUTINE BRIEF HOSPITAL VISIT	28.00	28.00	27.14	25.00	25.00	25.00
09 BIOPSY SKIN	500.00	500.00	500.00	600.00	542.80	542.80
10 RADICAL MASTECTOMY	510.00	510.00	510.00	569.94	755.00	713.01
11 REDUCTION OF FRACTURE	17.36	21.98	15.00	20.83	24.00	20.37
12 ARTHROTOMY	20.00	15.00	24.00	25.00	15.00	20.00
13 NEEDLE PUNCTURE OF BURSA	141.47	141.47	141.47	135.70	135.70	135.70
14 BRONCHOSCOPY	25.00	25.00	25.00	47.50	50.00	35.00
15 THORACENTESIS	325.00	325.00	325.00	325.00	325.00	325.00
16 CATHETERIZATION	678.50	678.50	678.50	531.93	531.93	531.93
17 INSERTION OF PACEMAKER	15.00	15.00	15.00	25.00	25.00	16.04
18 BLOOD TRANSFUSION	600.00	600.00	600.00	750.00	678.50	700.00
19 COLECTOMY	250.00	200.00	271.40	300.00	271.40	267.33
20 APPENDECTOMY	33.93	20.36	20.36	33.93	27.14	33.93
21 SIGMOIDOSCOPY	250.00	250.00	250.00	300.00	237.48	250.00
22 HEMORRHOIDECTOMY	427.81	400.00	407.10	536.00	450.00	450.00
23 CHOLECYSTECTOMY	298.54	271.40	325.00	300.00	271.40	271.40
24 REPAIR HERNIA	75.00	75.00	75.00	50.00	50.00	50.00
25 CYSTOSCOPY	15.00	10.99	15.00	15.00	13.57	13.57
26 DILATION OF URETHRA	640.00	640.00	640.00	680.00	680.00	633.79
27 PROSTATECTOMY	633.79	633.79	600.00	640.00	542.80	600.00
28 ELECTROSESECTION OF PROSTATE	550.00	550.00	550.00	550.00	542.80	550.00
29 HYSTERECTOMY	542.80	542.80	542.80	542.80	542.80	565.88
30 EXTRACTION OF LENS	15.00	15.00	15.00	12.00	12.00	12.00
31 X-RAY CHEST	30.00	25.00	21.60	10.86	14.00	11.18
32 X-RAY SPINE	16.07	20.00	20.00	11.78	11.00	11.18
33 X-RAY HIP	47.50	45.27	48.00	20.36	25.00	22.36
34 X-RAY STOMACH	35.00	47.85	41.39	40.71	22.00	22.00
35 X-RAY COLON	13.00	13.00	13.00	13.00	13.00	13.00
36 COBALT	3.00	3.00	3.00	3.00	3.00	3.50
37 RADIOTHERAPY	3.00	3.00	3.00	3.00	3.00	3.00
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	3.00	3.00
39 WHITE CELL COUNT	7.50	6.00	8.00	8.00	8.00	8.00
40 COMPLETE BLOOD COUNT	6.00	5.00	7.50	6.00	7.50	5.00
41 CHOLESTEROL BLOOD COUNT	3.00	3.00	4.00	3.00	3.00	2.00
42 HEMATOCRIT	5.00	5.00	6.00	5.00	5.00	4.00
43 PROTHROMBIN	4.00	6.00	4.00	6.00	3.00	3.00
44 SEDIMENTATION RATE	6.00	6.00	6.00	6.00	6.00	7.00
45 BLOOD SUGAR	6.00	5.00	6.00	7.00	7.50	7.00
46 BUN UREA NITROGEN	8.00	10.00	7.00	6.00	8.00	10.00
47 PAP TEST	3.00	3.00	3.00	4.00	4.00	5.00
48 URINALYSIS	18.00	17.32	17.36	18.00	17.32	17.36
49 ELECTROCARDIOGRAM	40.00	40.00	40.00	55.00	54.17	54.17
50 ELECTROENCEPHALOGRAPH						

A map of South Dakota showing its 56 counties. The counties are labeled with their names: Harding, Perkins, Corson, DeWitt, Ziebach, Butte, Lawrence, Minnehaha, Lincoln, Clay, Union, etc. The map is oriented with North at the top.

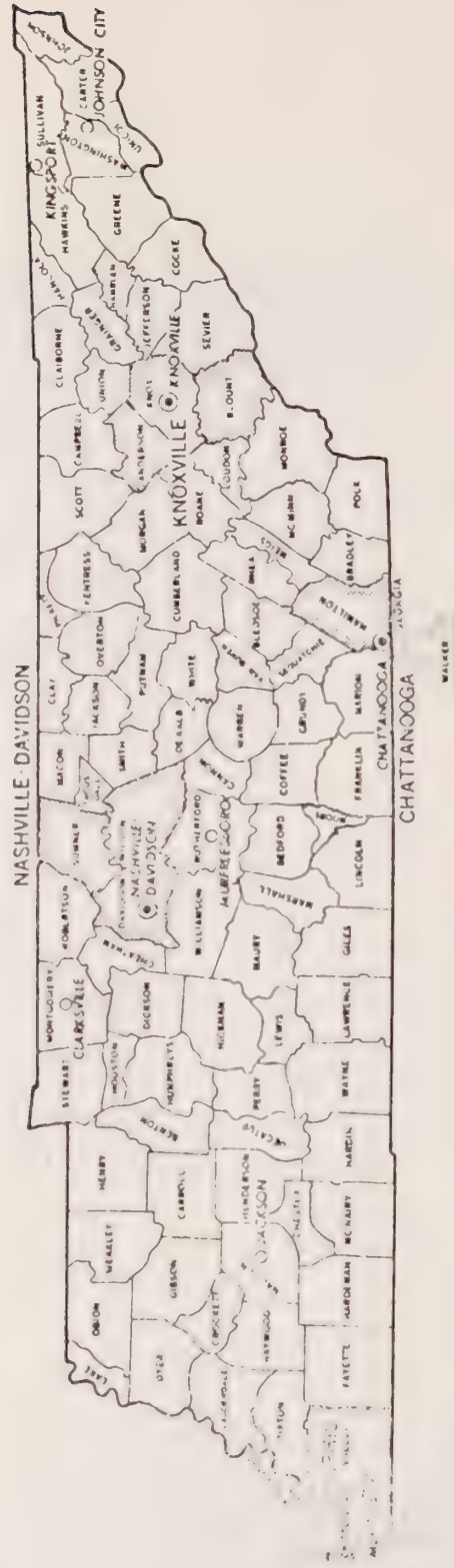
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1978 PREVAILING CHARGE SUMMARY DATA SOUTH DAKOTA MEDICAL SERVICE SOUTH DAKOTA

COMBINED LOCALITY DESIGNATION

PROCEDURE DESCRIPTION	SINGLE
01 INITIAL LIMITED OFFICE VISIT	15.00
02 INITIAL COMP OFFICE VISIT	35.00
03 MINIMAL OFFICE VISIT	5.40
04 ROUTINE BRIEF OFFICE VISIT	8.20
05 ROUTINE BRIEF HOME VISIT	13.60
06 INITIAL BRIEF HOSPITAL VISIT	25.00
07 INITIAL COMP HOSPITAL VISIT	47.50
08 ROUTINE BRIEF HOSPITAL VISIT	8.20
09 BIOPSY SKIN	24.00
10 RADICAL MASTECTOMY	531.00
11 REDUCTION OF FRACTURE	543.00
12 ARTHROTOMY	13.60
13 NEEDLE PUNCTURE OF BURSA	15.00
14 BRONCHOSCOPY	135.70
15 THORACENTESIS	24.50
16 CATHETERIZATION	
17 INSERTION OF PACEMAKER	814.40
18 BLOOD TRANSFUSION	13.60
19 COLECTOMY	678.70
20 APPENDECTOMY	299.99
21 SIGMOIDOSCOPY	24.50
22 HEMORRHOIDECTOMY	210.00
23 CHOLECYSTECTOMY	488.70
24 REPAIR HERNIA	285.00
25 CYSTOSCOPY	40.70
26 DILATION OF URETHRA	16.00
27 PROSTATECTOMY	651.60
28 ELECTROSECTION OF PROSTATE	610.00
29 HYSTERECTOMY	490.00
30 EXTRACTION OF LENS	640.00
31 X-RAY CHEST	15.00
32 X-RAY SPINE	24.00
33 X-RAY HIP	27.10
34 X-RAY STOMACH	48.00
35 X-RAY COLON	40.00
36 COBALT	
37 RADIOTHERAPY	13.60
38 HEMOGLOBIN	23.10
39 WHITE CELL COUNT	3.00
40 COMPLETE BLOOD COUNT	3.50
41 CHOLESTEROL BLOOD COUNT	8.20
42 HEMATOCRIT	7.00
43 PROTHROMBIN	4.00
44 SEDIMENTATION RATE	4.00
45 BLOOD SUGAR	6.80
46 BUN UREA NITROGEN	
47 PAP TEST	9.00
48 URINALYSIS	4.00
49 ELECTROCARDIOGRAM	20.00
50 ELECTROENCEPHALOGRAM	61.00

TENNESSEE



One Locality - Statewide

1978 PREVAILING CHARGE SUMMARY DATA		EQUITABLE LIFE ASSURANCE SOCIETY		TENNESSEE	
LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST			
PROCEDURE DESCRIPTION	35		35		
01 INITIAL LIMITED OFFICE VISIT	13.60		15.00		01
02 INITIAL COMP OFFICE VISIT	25.00		40.70		02
03 MINIMAL OFFICE VISIT	4.00		4.00		03
04 ROUTINE BRIEF OFFICE VISIT	6.80		9.50		04
05 ROUTINE BRIEF HOME VISIT	13.60		16.00		05
06 INITIAL BRIEF HOSPITAL VISIT	20.40		20.40		06
07 INITIAL COMP HOSPITAL VISIT	35.00		47.50		07
08 ROUTINE BRIEF HOSPITAL VISIT	8.20		10.80		08
09 BIOPSY SKIN	25.00		25.00		09
10 RADICAL MASTECTOMY	678.70		740.00		10
11 REDUCTION OF FRACTURE	543.00		678.70		11
12 ARTHROTOMY	13.00		15.00		12
13 NEEDLE PUNCTURE OF BURSA	12.00		20.00		13
14 BRONCHOSCOPY	133.00		125.00		14
15 THORACENTESIS	33.90		36.00		15
16 CATHETERIZATION			250.00		16
17 INSERTION OF PACEMAKER			678.70		17
18 BLOOD TRANSFUSION	15.00		9.50		18
19 COLECTOMY	678.70		678.70		19
20 APENDECTOMY	340.00		350.00		20
21 SIGMOIDOSCOPY	20.40		24.50		21
22 HEMORRHOIDECTOMY	271.50		271.50		22
23 CHOLECYSTECTOMY	450.00		492.10		23
24 REPAIR HERNIA	260.00		305.40		24
25 CYSTOSCOPY	33.90		33.90		25
26 DILATION OF URETHRA	13.60		11.00		26
27 PROSTATECTOMY	600.00		600.00		27
28 ELECTROSECTION OF PROSTATE			597.30		28
29 HYSTERECTOMY	543.00		543.00		29
30 EXTRACTION OF LENS			543.00		30
31 X-RAY CHEST	14.90		15.00		31
32 X-RAY SPINE	23.70		27.00		32
33 X-RAY HIP	22.00		20.00		33
34 X-RAY STOMACH	45.00		47.50		34
35 X-RAY COLON	40.00		40.70		35
36 COBALT			16.00		36
37 RADIOTHERAPY			20.00		37
38 HEMOGLOBIN	3.00		3.00		38
39 WHITE CELL COUNT	3.00		3.00		39
40 COMPLETE BLOOD COUNT	8.00		9.00		40
41 CHOLESTEROL BLOOD COUNT	6.00		8.00		41
42 HEMATOCRIT	3.00		3.00		42
43 PROTHROMBIN	5.38		6.00		43
44 SEDIMENTATION RATE	5.00		5.00		44
45 BLOOD SUGAR	6.00		7.00		45
46 BUN UREA NITROGEN	7.50		8.00		46
47 PAP TEST	10.00		9.00		47
48 URINALYSIS	4.00		4.00		48
49 ELECTROCARDIOGRAM	15.00		18.50		49
50 ELECTROENCEPHALOGRAPH	60.00		50.00		50

DILLAM	SHERMAN	HANSTON	OPHIL- TREE	LIPSCOMB	
HARTLEY	MONTY	MULCHING- SON	ROBERTS	HEMPHILL	
OCHOA	PETER 189	CARSON	GARY	WHEELER	
DEAR SMITH	RANDOLPH	ARM- STRONG	DONLEY	COLEMAN- MURTH	
FARNER	CASTRO	SWINER	BRISCOE	HALL	
BALLEY	LAMB	HALE	FLOYD	MOLEY	COTLER
COOK- BAH	MOCKLEY	152 LUBBERS	CELANO	DICKENS	KING
TORRES	TERRY	LYNN	GARZA	RENT	SIGNS-WALL
GAINES	DANFORD	BODINE	SCURRY	FISHER	JACK
ANDREWS	MARTIN	HOWARD	MITCHELL	NOLAN	TA

TEXAS - Statowide - 260

Thirty-two Localities

(For more locality information see Appendix A)

Note: 226, 235 localities data for General Practitioners not available.

OLL, 165, 181, and 240 localities data for Specialists not available.

Thirty-two Localities

(For more locality information
see Appendix A)
Note: 226, 235 localities data for General
Practitioners not available.

014, 165, 181, and 240 localities
data for Specialists not available.

1978 PREVAILING CHARGE SUMMARY DATA

TEXAS

GROUP MEDICAL AND SURGICAL SERV.

LOCALITY DESIGNATION FOR SPECIALIST

LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION

LOCALITY DESIGNATION FOR SPECIALIST

	014	015	019	020	031	014	015	019	020	031	
01 INITIAL LIMITED OFFICE VISIT	8.00	12.00	10.00	10.00	10.20						01
02 INITIAL COMP OFFICE VISIT	20.00	25.00	25.00	17.00	25.00		16.00			15.00	02
03 MINIMAL OFFICE VISIT							40.00			47.50	03
04 ROUTINE BRIEF OFFICE VISIT	7.00	10.00	9.50	9.50	6.80		13.00			9.50	04
05 ROUTINE BRIEF HOME VISIT	15.00	16.30	15.00	15.00	10.00		20.40			20.40	05
06 INITIAL BRIEF HOSPITAL VISIT	30.00	35.00	20.00	27.10	25.00		40.70			30.00	06
07 INITIAL COMP HOSPITAL VISIT	33.90	50.00	40.00	25.00	33.90		54.30			47.50	07
08 ROUTINE BRIEF HOSPITAL VISIT	11.50	15.00	10.00	13.60	9.00		13.60			10.20	08
09 BIOPSY SKIN	20.40	15.00	24.00	24.00	13.60		35.00	26.80	14.90	33.90	09
10 RADICAL MASTECTOMY	456.00	712.40	664.90	610.70	607.90		750.00	503.40	560.40	560.40	10
11 REDUCTION OF FRACTURE	521.10	675.00	675.00	675.00	675.00		542.80				11
12 ARTHROTOMY	15.00	20.00	15.00	15.00	15.00		20.00				12
13 NEEDLE PUNCTURE OF BURSA	13.60	15.00	15.00	15.00	15.00		20.00	14.90	16.30	16.30	13
14 BRONCHOSCOPY	97.70	153.30	142.50	133.00	130.30		175.00	108.60	120.80	120.80	14
15 THORACENTESIS	20.40	50.00	28.50	27.10	35.00		36.00	21.70	24.40	36.00	15
16 CATHETERIZATION	228.00	250.00	250.00	250.00	250.00						16
17 INSERTION OF PACEMAKER	651.40	1017.75	949.90	882.10	868.50						17
18 BLOOD TRANSFUSION	12.00	12.00	12.00	12.00	12.00		20.40	14.90	16.30	16.30	18
19 COLECTOMY	521.10	814.20	759.90	705.60	694.80		814.20	575.40	640.50	640.50	19
20 APPENDECTOMY	260.50	350.00	350.00	350.00	347.40		380.00	271.40	405.50	300.00	20
21 SIGMOIDOSCOPY	26.25	35.00	28.50	27.10	30.00		33.90	23.50	24.40	40.00	21
22 HEMORRHOIDECTOMY	195.40	350.00	285.00	264.60	260.50		300.00	305.30	240.20	261.90	22
23 CHOLECYSTECTOMY	390.80	600.00	500.00	475.00	500.00		580.00	407.10	480.40	475.00	23
24 REPAIR HERNIA	228.00	339.25	300.00	300.00	300.00		385.00	271.40	280.90	271.40	24
25 CYSTOSCOPY	32.60	27.10	40.00	40.00	40.00		33.90				25
26 DILATION OF URETHRA	20.00	20.00	20.00	20.00	20.00		40.00				26
27 PROSTATECTOMY	521.10	700.00	700.00	700.00	694.80		678.50				27
28 ELECTROSECTION OF PROSTATE	521.10	650.00	675.00	675.00	675.00		650.00				28
29 HYSTERECTOMY	456.00	700.00	664.90	617.40	607.90		759.90				29
30 EXTRACTION OF LENS	651.40	625.00	660.00	660.00	660.00		625.00				30
31 X-RAY CHEST	16.30	15.00	15.00	17.00	15.00		19.00				31
32 X-RAY SPINE	27.10	30.00	28.50	30.00	30.00		29.00			3.00	32
33 X-RAY HIP	19.00	20.00	20.00	20.00	20.00		22.00			4.00	33
34 X-RAY STOMACH	40.00	44.50	44.50	40.70	36.60		40.00			8.00	34
35 X-RAY COLON	35.00	40.70	45.00	38.00	31.20		40.00			3.00	35
36 COBALT	12.20	12.20	14.50	12.20	12.50		12.00			7.00	36
37 RADIOTHERAPY	17.00	15.50	17.00	17.00	17.00		18.50			5.00	37
38 HEMOGLOBIN	3.00	3.00	3.00	3.60	3.00		4.50			3.00	38
39 WHITE CELL COUNT	4.00	2.25	4.00	4.00	4.00		3.00			4.00	39
40 COMPLETE BLOOD COUNT	9.00	8.00	7.00	8.00	9.00		8.25			8.00	40
41 CHOLESTEROL BLOOD COUNT	10.00	8.00	6.00	8.00	9.00		8.00			8.00	41
42 HEMATOCRIT	3.75	3.00	3.00	3.75	3.75		4.00			3.00	42
43 PROTHROMBIN	7.00	7.00	6.00	8.00	7.00		6.50			7.00	43
44 SEDIMENTATION RATE	6.00	7.00	6.00	6.00	6.00		5.00			5.00	44
45 BLOOD SUGAR	6.00	8.00	6.00	8.00	7.00		7.50			8.00	45
46 BUN UREA NITROGEN	6.00	8.00	7.00	8.00	7.00		7.50			8.00	46
47 PAP TEST	11.00	12.00	10.00	10.00	18.00		10.00			12.00	47
48 URINALYSIS	4.00	5.00	5.00	5.00	4.00		5.25			5.00	48
49 ELECTROCARDIOGRAM	20.00	25.00	15.00	20.40	20.40		22.00			23.00	49
50 ELECTROENCEPHALOGRAM	44.80	50.00	50.00	50.00	50.00						50

1978 PREVAILING CHARGE SUMMARY DATA

TEXAS

GROUP MEDICAL AND SURGICAL SERV.

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	057	061	069	071	084	057	061	068	071	084
01 INITIAL LIMITED OFFICE VISIT	15.00	12.00	12.00	10.00	10.00	25.00			25.00	20.00
02 INITIAL COMP OFFICE VISIT	30.00	47.50	12.00	20.00	35.00	47.50			40.00	50.00
03 MINIMAL OFFICE VISIT										
04 ROUTINE BRIEF OFFICE VISIT	10.90	10.20	8.00	8.10	9.50	13.60			10.90	16.00
05 ROUTINE BRIEF HOME VISIT	20.00	13.70	15.00	15.00	19.00	24.40			15.00	20.40
06 INITIAL BRIEF HOSPITAL VISIT	33.90	24.40	28.50	30.00	28.50	47.50			35.00	40.00
07 INITIAL COMP HOSPITAL VISIT	40.00	47.50	50.00	25.00	30.00	47.50			40.00	67.90
08 ROUTINE BRIEF HOSPITAL VISIT	15.00	10.90	9.50	12.50	10.00	15.00			13.60	16.30
09 BIOPSY SKIN	15.00	24.00	24.00	24.00	24.00	37.50	24.40	24.40	28.50	27.10
10 RADICAL MASTECTOMY	721.90	674.40	664.90	607.90	664.90	850.00	569.90	632.80	750.00	750.00
11 REDUCTION OF FRACTURE	675.00	675.00	675.00	675.00	675.00	678.50			882.10	
12 ARTHROTOMY	17.50	15.00	15.00	20.00	25.00	15.00			20.00	
13 NEEDLE PUNCTURE OF BURSA	20.00	15.00	15.00	15.00	15.00	15.00	16.30	16.30	19.00	17.60
14 BRONCHOSCOPY	150.00	145.20	142.50	130.30	142.50	169.60	135.70	118.10	175.00	133.00
15 THORACENTESIS	33.90	29.90	28.50	27.10	28.50	36.00	50.00	24.40	36.00	33.90
16 CATHETERIZATION	250.00	250.00	250.00	250.00	250.00	250.00				
17 INSERTION OF PACEMAKER	814.00	963.50	949.90	865.50	949.90	1085.60				
18 BLOOD TRANSFUSION	12.00	12.00	12.00	12.00	12.00	21.70	16.30	16.30	19.00	35.00
19 COLECTOMY	825.10	770.80	759.90	694.80	759.90	1084.80	651.40	629.60	750.00	705.60
20 APPENDECTOMY	350.00	350.00	350.00	271.40	350.00	350.00	339.25	271.40	350.00	350.00
21 SIGMOIDOSCOPY	35.00	30.00	28.50	25.00	35.00	33.90	25.00	24.40	45.00	47.50
22 HEMORRHOIDECTOMY	350.00	271.40	285.00	260.50	285.00	350.00	271.40	203.60	339.25	275.00
23 CHOLECYSTECTOMY	500.00	500.00	500.00	500.00	500.00	600.00	475.00	542.80	550.00	576.70
24 REPAIR HERNIA	300.00	271.40	300.00	300.00	300.00	350.00	339.25	339.25	339.25	407.10
25 CYSTOSCOPY	40.00	40.00	40.00	40.00	40.00	40.00				
26 DILATION OF URETHRA	20.00	20.00	20.00	20.00	20.00	15.00				
27 PROSTATECTOMY	810.00	700.00	700.00	694.80	700.00	746.40				
28 ELECTROSECTION OF PROSTATE	743.00	675.00	675.00	675.00	675.00	678.50			611.30	750.00
29 HYSTERECTOMY	700.00	674.40	664.90	607.90	664.90	693.40	542.80		542.80	
30 EXTRACTION OF LENS	650.00	660.00	660.00	600.00	660.00	631.00				
31 X-RAY CHEST	20.00	20.00	15.00	15.00	19.00	20.00				
32 X-RAY SPINE	30.00	30.00	25.00	27.10	30.00	25.00				
33 X-RAY HIP	20.00	20.00	20.00	20.00	22.50	15.00				
34 X-RAY STOMACH	44.50	40.70	44.50	44.50	44.50	50.00				
35 X-RAY COLON	45.00	43.40	45.00	45.00	45.00	45.00				
36 COBALT	13.60	13.60	14.90	12.20	14.90	25.00				
37 RADIOTHERAPY	22.00	17.00	17.00	17.00	17.00	16.60				
38 HEMOGLOBIN	3.30	4.00	3.60	2.00	4.00	3.00	3.00		3.00	3.00
39 WHITE CELL COUNT	5.00	4.00	4.00	4.00	4.00	4.00	4.00		4.00	4.00
40 COMPLETE BLOOD COUNT	8.00	8.00	7.50	7.00	8.00	8.50	7.00		7.00	10.00
41 CHOLESTEROL BLOOD COUNT	7.50	8.00	8.00	7.00	8.00	7.50	6.50		6.50	7.00
42 HEMATOCRIT	3.00	3.75	3.75	2.00	2.00	4.00	3.00		3.00	3.00
43 PROTHROMBIN	8.00	8.00	7.00	10.00	7.00	7.50	6.00		6.00	8.00
44 SEDIMENTATION RATE	6.00	6.00	6.00	6.00	8.00	5.25	5.50		5.50	6.00
45 BLOOD SUGAR	8.00	8.00	7.50	7.00	7.00	8.00	7.00		7.00	7.00
46 BUN UREA NITROGEN	6.00	7.00	7.00	7.00	6.50	7.50	7.00		7.00	7.00
47 PAP TEST	15.00	15.00	15.00	10.00	15.00	12.50	12.00		12.00	13.00
48 URINALYSIS	5.00	7.00	5.00	6.00	5.00	5.50	4.00		4.00	5.00
49 ELECTROCARDIOGRAM	20.00	20.40	20.00	20.40	21.00	20.00	20.00		20.00	23.70
50 ELECTROENCEPHALOGRAM	40.70	50.00	50.00	50.00	50.00					50

1978 PREVAILING CHARGE SUMMARY DATA

TEXAS

GROUP MEDICAL AND SURGICAL SERV.

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

181

PROCEDURE DESCRIPTION

01 INITIAL LIMITED OFFICE VISIT	10.00	12.00	10.00	15.00	181	152	155	165	178	181	152	155	165	178	181
02 INITIAL COMP OFFICE VISIT	40.00	25.00	25.00	25.00		47.50	30.00				47.50	30.00			40.70
03 MINIMAL OFFICE VISIT	9.50	6.80	9.50	9.50		13.60	8.10				13.60	8.10			13.60
04 ROUTINE BRIEF OFFICE VISIT	10.00	9.50	20.40	19.00		17.00	15.00				17.00	15.00			20.40
05 ROUTINE BRIEF HOME VISIT	28.50	21.40	33.90	28.50		40.00	21.00				40.00	21.00			50.00
06 INITIAL BRIEF HOSPITAL VISIT	35.00	33.90	33.90	45.00		47.50	50.00				47.50	50.00			54.30
07 INITIAL COMP HOSPITAL VISIT	9.50	10.00	8.10	10.00		12.50	9.00				12.50	9.00			15.00
08 ROUTINE BRIEF HOSPITAL VISIT	24.00	24.00	24.00	24.00		27.10	27.10				27.10	27.10			37.00
09 BIOPSY SKIN	664.90	569.90	569.90	664.90		610.70	644.60				610.70	644.60			750.00
10 RADICAL MASTECTOMY	675.00	651.40	651.40	675.00											575.00
11 REDUCTION OF FRACTURE	12.50	15.00	10.00	20.00											20.00
12 ARTHROTOMY	15.00	13.60	15.00	15.00		16.30	24.10				16.30	24.10			17.60
13 NEEDLE PUNCTURE OF BURSA	142.50	122.10	122.10	142.50		120.80	169.60				120.80	169.60			130.30
14 BRONCHOSCOPY	28.50	24.40	24.40	28.50		27.90	33.90				27.90	33.90			27.10
15 THORACENTESIS	250.00	250.00	250.00	250.00											
16 CATHETERIZATION	949.90	814.20	814.20	949.90											
17 INSERTION OF PACEMAKER	12.00	12.00	12.00	12.00		16.30	20.40				16.30	20.40			13.60
18 BLOOD TRANSFUSION	600.00	651.40	651.40	759.90		600.00	705.60				600.00	705.60			694.80
19 COLECTOMY	350.00	325.70	325.70	350.00		300.00	300.00				300.00	300.00			339.25
20 APPENDECTOMY	25.00	24.40	24.40	28.80		25.00	30.00				25.00	30.00			33.90
21 SIGMOIDOSCOPY	285.00	244.30	244.30	285.00		339.25	271.40				339.25	271.40			339.25
22 HEMORRHOIDECTOMY	500.00	488.50	488.50	500.00		441.00	400.00				441.00	400.00			475.00
23 CHOLECYSTECTOMY	300.00	285.00	271.40	300.00		300.00	271.40				300.00	271.40			300.00
24 REPAIR HERNIA	40.00	40.00	40.00	40.00											
25 CYSTOSCOPY	20.00	20.00	20.00	20.00											
26 DILATION OF URETHRA	700.00	651.40	651.40	700.00											
27 PROSTATECTOMY	675.00	651.40	651.40	675.00											
28 ELECTROSECTION OF PROSTATE	664.90	569.90	569.90	664.90		607.90					607.90				650.00
29 HYSTERECTOMY	660.00	660.00	660.00	660.00		542.80					542.80				650.00
30 EXTRACTION OF LENS	18.00	13.50	16.30	19.00											
31 X-RAY CHEST	28.50	20.40	30.00	28.50											
32 X-RAY SPINE	18.00	20.00	13.60	22.60											
33 X-RAY HIP	44.50	42.10	44.50	44.50											
34 X-RAY STOMACH	45.00	35.30	45.00	45.00											
35 X-RAY COLON	14.90	14.90	12.20	14.90											
36 COEALT	17.00	17.00	17.00	17.00											
37 RADIOTHERAPY	5.00	3.60	3.00	5.00		3.00	3.00				3.00	3.00			3.00
38 HEMOGLOBIN	4.00	4.00	4.00	4.00		4.00	4.00				4.00	4.00			4.00
39 WHITE CELL COUNT	8.00	7.00	12.00	8.00		10.00	7.50				10.00	7.50			8.00
40 COMPLETE BLOOD COUNT	8.00	7.50	7.50	7.50		10.00	5.00				10.00	5.00			6.00
41 CHOLESTEROL BLOOD COUNT	3.75	3.75	3.75	3.75		3.00	3.00				3.00	3.00			3.00
42 HEMATOCRIT	8.00	5.00	7.00	7.00		7.50	5.00				7.50	5.00			6.00
43 PROTHROMBIN	6.00	6.00	6.00	6.00		5.00	4.00				5.00	4.00			5.00
44 SEDIMENTATION RATE	8.00	6.00	8.75	7.50		8.00	6.00				8.00	6.00			7.00
45 BLOOD SUGAR	8.00	7.00	7.00	7.50		6.25	7.00				6.25	7.00			7.00
46 BUN UREA NITROGEN	12.00	6.00	10.00	12.00		12.00	6.00				12.00	6.00			8.00
47 PAP TEST	6.00	5.00	5.50	5.00		7.00	4.00				7.00	4.00			6.00
48 URINALYSIS	25.00	17.00	20.40	20.00		21.70	22.00				21.70	22.00			22.00
49 ELECTROCARDIOGRAM	50.00	50.00	50.00	50.00											
50 ELECTROENCEPHALOGRAPH															

1978 PREVAILING CHARGE SUMMARY DATA

TEXAS

GROUP MEDICAL AND SURGICAL SERV.

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	188	212	220	221	226	188	212	220	221	226
01 INITIAL LIMITED OFFICE VISIT	12.00	15.00	13.60	12.50		15.00	25.00	18.00	20.00	10.00
02 INITIAL COMP OFFICE VISIT	27.10	35.00	30.00	15.00		47.50	47.50	35.00	33.90	47.50
03 MINIMAL OFFICE VISIT										
04 ROUTINE BRIEF OFFICE VISIT	8.10	10.00	8.10	9.50		13.60	13.60	13.60	10.00	10.00
05 ROUTINE BRIEF HOME VISIT	15.00	15.00	16.30	15.00		15.00	20.40	20.00	20.40	11.90
06 INITIAL BRIEF HOSPITAL VISIT	20.40	30.00	25.80	25.00		33.90	35.00	35.00	33.90	26.00
07 INITIAL COMP HOSPITAL VISIT	40.00	35.00	33.90	40.00		47.50	47.50	54.30	33.90	50.00
08 ROUTINE BRIEF HOSPITAL VISIT	10.00	10.00	12.00	9.50		9.50	13.60	13.60	12.00	9.50
09 BIOPSY SKIN	37.50	24.00	24.00	24.00		50.00	33.90	20.40	20.40	
10 RADICAL MASTECTOMY	503.40	664.90	626.90	664.90		750.00	678.50	678.50	678.50	
11 REDUCTION OF FRACTURE	575.40	675.00	675.00	675.00				650.00		
12 ARTHROTOMY	14.00	15.00	15.00	15.00				15.00		
13 NEEDLE PUNCTURE OF BURSA	15.00	15.00	13.60	15.00				15.00		
14 BRONCHOSCOPY	108.60	142.50	134.30	142.50		16.30	17.60	19.00	16.30	
15 THORACENTESIS	28.50	28.50	50.00	28.50		116.70	150.00	138.40	120.80	
16 CATHETERIZATION	250.00	250.00	250.00	250.00		25.00	35.00	33.90	36.00	
17 INSERTION OF PACEMAKER	719.20	949.90	895.60	949.90						
18 BLOOD TRANSFUSION	12.00	12.00	12.00	12.00						
19 COLECTOMY	575.40	759.90	716.50	759.90		16.30	17.60	19.00	16.30	
20 APPENDECTOMY	271.40	350.00	350.00	350.00		700.00	662.20	738.20	640.50	
21 SIGMOIDOSCOPY	21.70	30.00	27.10	28.50		300.00	250.00	339.25	350.00	
22 HEMORRHOIDECTOMY	215.80	285.00	339.25	285.00		30.00	30.00	30.00	25.00	
23 CHOLECYSTECTOMY	431.50	500.00	500.00	500.00		305.30	225.00	339.25	305.30	
24 REPAIR HERNIA	271.40	300.00	300.00	300.00		465.00	475.00	542.80	508.90	
25 CYSTOSCOPY	36.60	40.00	40.00	40.00		305.30	305.30	339.25	350.00	
26 DILATION OF URETHRA	20.00	20.00	20.00	20.00				42.00		
27 PROSTATECTOMY	575.40	700.00	700.00	700.00				19.00		
28 ELECTROSECTION OF PROSTATE	575.40	675.00	650.00	675.00				678.50		
29 HYSTERECTOMY	503.40	664.90	720.00	664.90				650.00		
30 EXTRACTION OF LENS	660.00	660.00	550.00	660.00				674.40		
31 X-RAY CHEST	20.00	15.00	17.00	16.00				550.00		
32 X-RAY SPINE	27.10	25.00	33.90	28.50				17.50		
33 X-RAY HIP	15.00	25.00	20.40	20.00				45.00		
34 X-RAY STOMACH	44.50	44.50	52.00	44.50				24.00		
35 X-RAY COLON	43.40	45.00	45.00	45.00				52.00		
36 COBALT	13.60	14.90	11.00	14.00				52.00		
37 RADIOGRAPHY	17.00	17.00	17.00	17.00				17.00		
38 HEMOGLOBIN	3.00	4.00	8.00	3.60				16.00		
39 WHITE CELL COUNT	4.00	3.00	5.00	4.00		5.00	3.25	3.00	3.00	3.00
40 COMPLETE BLOOD COUNT	8.00	10.00	8.00	6.00		4.00	4.00	5.00	4.00	4.00
41 CHOLESTEROL BLOOD COUNT	8.00	5.00	7.00	7.50		7.00	8.50	7.50	7.00	8.00
42 HEMATOCRIT	4.00	3.00	5.00	3.75		5.00	10.00	7.00	7.50	8.00
43 PROTHROMBIN	6.00	7.00	8.00	7.00		3.00	1.50	3.50	3.00	3.00
44 SEDIMENTATION RATE	5.00	6.00	6.00	6.00		5.00	10.00	7.00	6.00	8.00
45 BLOOD SUGAR	6.00	6.00	7.50	6.00		3.50	5.00	6.00	5.00	5.00
46 BUN UREA NITROGEN	10.00	6.00	6.00	7.00		6.00	7.50	7.00	5.00	8.00
47 PAP TEST	10.00	15.00	15.00	13.00		5.00	6.00	7.00	7.00	7.50
48 URINALYSIS	5.00	4.00	5.00	3.00		5.00	6.00	7.00	7.00	7.50
49 ELECTROCARDIOGRAM	20.00	20.00	20.00	20.00		12.00	12.00	11.00	12.00	12.00
50 ELECTROENCEPHALOGRAPH	50.00	50.00	50.00	50.00		5.00	7.00	5.00	5.00	5.00

1978 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.

TEXAS

LOCALITY DESIGNATION FOR SPECIALIST

LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION

227 235 240 243 50

227 235 240 243 750

01 INITIAL LIMITED OFFICE VISIT	12.20		12.00	10.00	10.00	25.00	10.90	13.60	01
02 INITIAL COMP OFFICE VISIT	30.00		25.00	25.00	25.00	54.30	33.90	33.90	02
03 MINIMAL OFFICE VISIT									03
04 ROUTINE BRIEF OFFICE VISIT	7.00		10.00	9.50	7.00	12.20	10.90	9.50	04
05 ROUTINE BRIEF HOME VISIT	15.00		15.00	18.00	13.60	20.40	13.60	13.60	05
06 INITIAL BRIEF HOSPITAL VISIT	25.00		28.50	25.00	20.40	35.00	27.10	27.10	06
07 INITIAL COMP HOSPITAL VISIT	36.75		40.00	25.00	35.00	54.30	47.50	40.00	07
08 ROUTINE BRIEF HOSPITAL VISIT	12.00		10.00	10.00	10.00	13.60	13.60	10.90	08
09 BIOPSY SKIN	24.00		24.00	24.00	20.40	28.50	20.40	25.00	09
10 RADICAL MASTECTOMY	650.00		664.90	664.90	531.90	650.00	569.90	750.00	10
11 REDUCTION OF FRACTURE	675.00		675.00	675.00	542.80	647.30		542.80	11
12 ARTHROCTOMY	12.00		15.00	15.50	15.00	16.50		15.00	12
13 NEEDLE PUNCTURE OF BURSA	15.00		15.00	15.00	15.00	19.00	16.30	16.30	13
14 BRONCHOSCOPY	142.50		142.50	142.50	150.00	138.40	125.00	135.00	14
15 THORACENTESIS	28.50		50.00	28.50	33.90	28.50	36.00	33.90	15
16 CATHETERIZATION	250.00		250.00	250.00	256.00			250.00	16
17 INSERTION OF PACEMAKER	949.90		949.90	949.90	750.00			949.90	17
18 BLOOD TRANSFUSION	12.00		12.00	12.00	12.00	19.00	16.30	16.30	18
19 COLECTOMY	759.90		759.90	759.90	607.90	738.20	651.40	636.00	19
20 APPENDECTOMY	350.00		350.00	350.00	275.00	325.00	271.40	300.00	20
21 SIGMOIDOSCOPY	25.00		30.00	28.50	25.00	35.00	26.25	30.00	21
22 HEMORRHOIDECTOMY	285.00		285.00	285.00	223.90	339.25	271.40	237.50	22
23 CHOLECYSTECTOMY	500.00		500.00	500.00	450.00	500.00	475.00	500.00	23
24 REPAIR HERNIA	300.00		300.00	300.00	271.40	325.00	271.40	305.30	24
25 CYSTOSCOPY	40.00		40.00	40.00	40.00			42.00	25
26 DILATION OF URETHRA	20.00		20.00	20.00	20.00			17.50	26
27 PROSTATECTOMY	700.00		700.00	700.00	607.90			651.40	27
28 ELECTROSECTION OF PROSTATE	675.00		675.00	675.00	607.90			644.60	28
29 HYSTERECTOMY	664.90		664.90	664.90	531.90			598.40	29
30 EXTRACTION OF LENS	550.00		660.00	660.00	475.00			542.80	30
31 X-RAY CHEST	15.00		15.00	15.00	15.00	17.60		16.00	31
32 X-RAY SPINE	28.50		28.50	27.00	25.00	35.00		30.00	32
33 X-RAY HIP	20.00		20.00	20.00	20.00	24.00		21.80	33
34 X-RAY STOMACH	44.50		44.50	44.50	45.00	51.50		42.75	34
35 X-RAY COLON	45.00		45.00	45.00	40.70	50.00		43.00	35
36 COBALT	14.90		14.90	14.90	11.50	8.10		21.50	36
37 RADIOGRAPHY	14.90		17.00	17.00	17.00	16.00		16.00	37
38 HEMOGLOBIN	4.00		3.60	3.00	3.00	3.00	3.00	3.25	38
39 WHITE CELL COUNT	5.00		4.00	2.00	4.00	3.00	4.00	4.00	39
40 COMPLETE BLOOD COUNT	8.00		7.00	6.50	8.00	7.00	6.00	8.00	40
41 CHOLESTEROL BLOOD COUNT	7.00		7.50	5.50	7.00	7.00	6.50	7.00	41
42 HEMATOCRIT	5.00		3.75	2.00	3.75	3.00	3.00	3.00	42
43 PROTHROMBIN	6.00		7.00	5.00	7.00	6.00	4.50	6.50	43
44 SEDIMENTATION RATE	6.00		6.00	5.00	5.00	3.00	4.00	5.00	44
45 BLOOD SUGAR	8.00		6.00	6.50	7.00	7.50	5.50	6.00	45
46 BUN UREA NITROGEN	8.00		6.00	6.00	7.00	7.00	5.50	7.50	46
47 PAP TEST	8.00		13.00	8.00	12.00	7.00	8.00	12.00	47
48 URINALYSIS	7.00		2.00	4.50	4.00	5.00	4.50	5.00	48
49 ELECTROCARDIOGRAM	18.00		25.00	20.00	20.00	20.00	20.00	20.00	49
50 ELECTROENCEPHALOGRAPH	42.10		50.00	50.00	50.00				50

1978 PREVAILING CHARGE SUMMARY DATA				TEXAS	
PROCEDURE DESCRIPTION		LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
		770	790	770	790
01 INITIAL LIMITED OFFICE VISIT		10.00	10.00	13.60	10.00
02 INITIAL COMP OFFICE VISIT		25.00	25.00	35.00	54.30
03 MINIMAL OFFICE VISIT					
04 ROUTINE BRIEF OFFICE VISIT		8.10	6.80	10.00	8.10
05 ROUTINE BRIEF HOME VISIT		13.60	12.00	13.60	16.30
06 INITIAL BRIEF HOSPITAL VISIT		27.10	20.40	33.90	33.90
07 INITIAL COMP HOSPITAL VISIT		33.90	33.90	50.00	54.30
08 ROUTINE BRIEF HOSPITAL VISIT		10.00	10.00	13.60	10.00
09 BIOPSY SKIN		20.40	22.00	27.10	20.40
10 RADICAL MASTECTOMY		750.00	488.50	542.80	610.70
11 REDUCTION OF FRACTURE		407.10	450.00	651.40	678.50
12 ARTHROTOMY		15.00	15.00	26.00	15.00
13 NEEDLE PUNCTURE OF BURSA		12.00	14.00	20.00	19.30
14 BRONCHOSCOPY		150.00	109.90	130.00	135.70
15 THORACENTESIS		35.00	37.50	36.00	25.00
16 CATHETERIZATION		250.00	250.00	250.00	169.60
17 INSERTION OF PACEMAKER		827.80	732.80	1031.30	1031.30
18 BLOOD TRANSFUSION		12.00	10.00	20.40	13.60
19 COLECTOMY		662.20	586.20	651.40	627.60
20 APPENDECTOMY		300.00	250.00	300.00	271.40
21 SIGMOIDSCOPY		25.00	33.90	25.00	25.00
22 HEMORRHOIDECTOMY		321.60	223.90	250.00	250.00
23 CHOLECYSTECTOMY		480.00	420.00	475.00	525.00
24 REPAIR HERNIA		271.40	250.00	305.30	271.40
25 CYSTOSCOPY		40.00	40.00	45.00	45.00
26 DILATION OF URETHRA		22.00	20.00	15.00	20.40
27 PROSTATECTOMY		407.10	407.10	577.50	650.00
28 ELECTROSECTION OF PROSTATE		650.00	616.00	542.80	616.00
29 HYSTERECTOMY		579.40	512.90	645.90	607.90
30 EXTRACTION OF LENS		600.00	660.00	542.80	576.70
31 X-RAY CHEST		15.00	16.00	16.00	17.60
32 X-RAY SPINE		25.00	27.10	27.00	29.00
33 X-RAY HIP		20.00	20.00	22.00	21.00
34 X-RAY STOMACH		40.00	40.00	45.00	49.50
35 X-RAY COLON		40.00	45.00	44.10	47.50
36 COBALT		10.00	12.20	17.00	12.50
37 RADIO THERAPY		12.00	17.00	16.00	16.00
38 HEMOGLOBIN		4.00		4.00	3.00
39 WHITE CELL COUNT		4.00	3.00	5.00	4.00
40 COMPLETE BLOOD COUNT		8.00	7.50	8.00	8.25
41 CHOLESTEROL BLOOD COUNT		7.50	7.00	7.00	8.00
42 HEMATOCRIT		3.00	3.00	4.00	4.00
43 PROTHROMBIN		7.00	7.00	6.00	8.00
44 SEDIMENTATION RATE		8.00	5.00	5.00	5.00
45 BLOOD SUGAR		7.00	7.00	7.00	6.00
46 BUN UREA NITROGEN		7.50	7.00	8.00	7.00
47 PAP TEST		10.00	12.50	10.00	12.00
48 URINALYSIS		5.00	4.00	7.00	5.50
49 ELECTROCARDIOGRAM		20.00	20.00	20.00	20.00
50 ELECTROENCEPHALOGRAPH		54.30	50.00		

One Locality - Statewide

1978 PREVAILING CHARGE SUMMARY DATA B/S OF UTAH

UTAH

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	UTAH	UTAH
01 INITIAL LIMITED OFFICE VISIT	10.50	15.00
02 INITIAL COMP OFFICE VISIT	35.00	40.00
03 MINIMAL OFFICE VISIT	5.40	6.00
04 ROUTINE BRIEF OFFICE VISIT	7.90	8.20
05 ROUTINE BRIEF HOME VISIT	13.60	15.00
06 INITIAL BRIEF HOSPITAL VISIT	24.50	25.00
07 INITIAL COMP HOSPITAL VISIT	57.00	50.20
08 ROUTINE BRIEF HOSPITAL VISIT	11.30	10.70
09 BIOPSY SKIN	22.00	20.00
10 RADICAL MASTECTOMY	497.00*	504.00*
11 REDUCTION OF FRACTURE	576.00*	576.00*
12 ARTHROTOMY	17.90	19.00
13 NEEDLE PUNCTURE OF BURSA	16.30	18.70
14 BRONCHOSCOPY	106.50*	119.60
15 THORACENTESIS	30.00	33.90
16 CATHETERIZATION	177.50*	150.00
17 INSERTION OF PACEMAKER	710.00*	500.00
18 BLOOD TRANSFUSION	25.00	25.00
19 COLECTOMY	673.10	665.00
20 APPENDECTOMY	213.00*	213.00*
21 SIGMOIDOSCOPY	20.30	24.50
22 HEMORRHOIDECTOMY	217.20	230.70
23 CHOLECYSTECTOMY	420.00	423.40
24 REPAIR HERNIA	285.00	290.70
25 CYSTOSCOPY	42.60*	54.20
26 DILATION OF URETHRA	5.00	15.00
27 PROSTATECTOMY	355.00*	542.80
28 ELECTROSECTION OF PROSTATE	532.50*	542.80
29 HYSTERECTOMY	498.60	539.50
30 EXTRACTION OF LENS	426.00*	520.00
31 X-RAY CHEST	15.00	16.70
32 X-RAY SPIRE	26.50	33.40
33 X-RAY HIP	21.00	25.00
34 X-RAY STOMACH	40.00	50.10
35 X-RAY COLON	47.50	49.50
36 COBALT	24.30*	22.50*
37 RADIO THERAPY		
38 HEMOGLOBIN	3.00	3.00
39 WHITE CELL COUNT	3.00	3.00
40 COMPLETE BLOOD COUNT	8.75	8.00
41 CHOLESTEROL BLOOD COUNT	8.75	7.50
42 HEMATOCRIT	3.40	3.20
43 PROTHROMBIN	6.00	6.50
44 SEDIMENTATION RATE	3.70	4.20
45 BLOOD SUGAR	6.00	6.10
46 BUN UREA NITROGEN	4.00	6.80
47 PAP TEST	9.20	9.90
48 URINALYSIS	3.50	4.00
49 ELECTROCARDIOGRAM	20.00	20.00
50 ELECTROENCEPHALOGRAM	34.50*	45.00

VERMONT



One Locality - Statewide

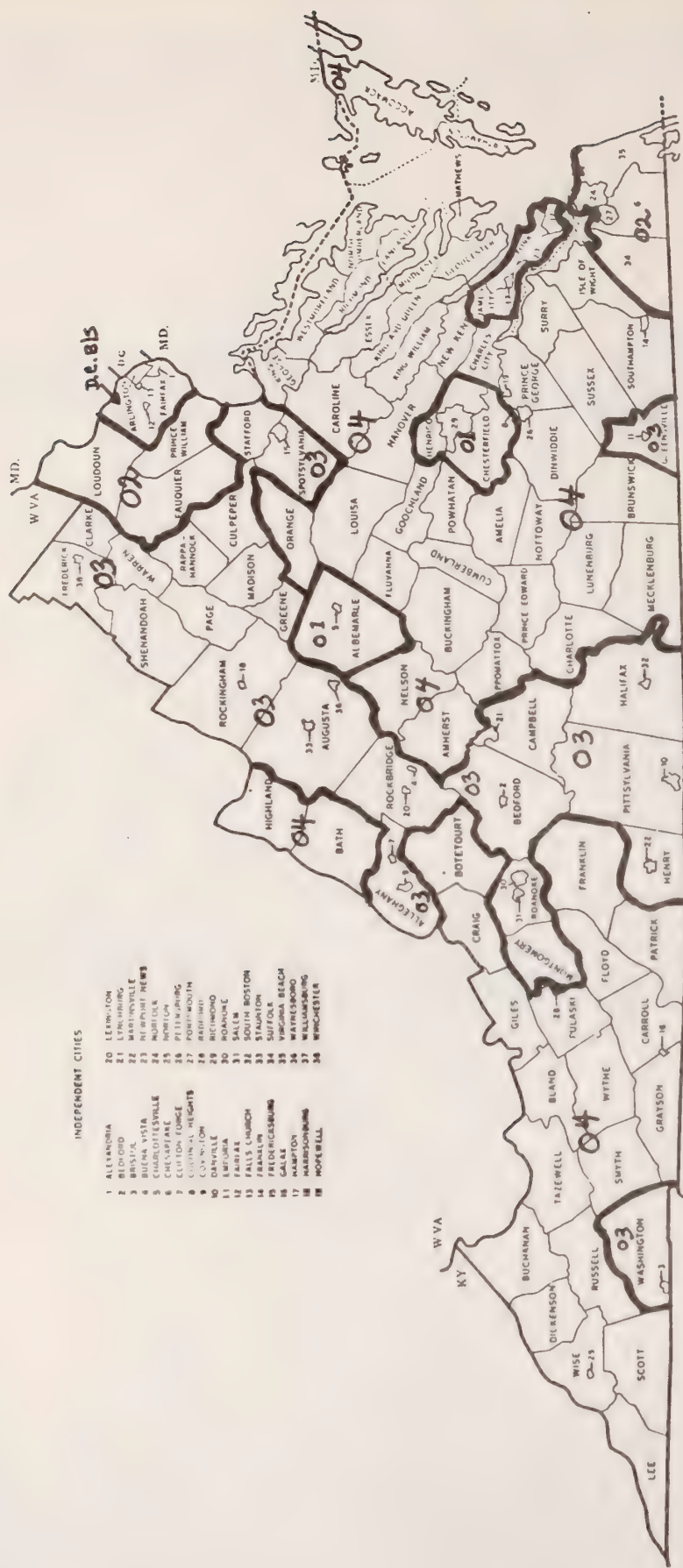
1978 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S

VERMONT

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	02	02
01 INITIAL LIMITED OFFICE VISIT	10.00	15.00
02 INITIAL COMP OFFICE VISIT	35.00	33.90
03 MINIMAL OFFICE VISIT	4.00*	4.80*
04 ROUTINE BRIEF OFFICE VISIT	10.00	10.90
05 ROUTINE BRIEF HOME VISIT	12.00	13.60
06 INITIAL BRIEF HOSPITAL VISIT	20.00	30.00
07 INITIAL COMP HOSPITAL VISIT	30.00	40.00
08 ROUTINE BRIEF HOSPITAL VISIT	9.00	12.00
09 BIOPSY SKIN	17.90*	20.00
10 RADICAL MASTECTOMY	538.20*	560.00
11 REDUCTION OF FRACTURE	657.80*	660.00
12 ARTHROTOMY	20.40	15.00
13 NEEDLE PUNCTURE OF BURSA	10.20	10.20*
14 BRONCHOSCOPY	107.60*	101.80
15 THORACENTESIS	23.75	25.00
16 CATHETERIZATION	175.00*	175.00*
17 INSERTION OF PACEMAKER	598.00*	622.00*
18 BLOOD TRANSFUSION	12.00	13.60
19 COLECTOMY	594.00	600.00
20 APPENDECTOMY	304.00	285.00
21 SIGMOIDOSCOPY	20.00	24.40
22 HEMORRHOIDECTOMY	450.00	472.00
23 CHOLECYSTECTOMY	250.00	285.00
24 REPAIR HERNIA	59.80*	75.00
25 CYSTOSCOPY	23.90*	29.80*
26 DILATION OF URETHRA	598.00*	651.40
27 PROSTATECTOMY	598.00*	600.00
28 ELECTROSECTION OF PROSTATE	538.20*	550.00
29 HYSTERECTOMY	598.00*	542.80
30 EXTRACTION OF LENS		5.00
31 X-RAY CHEST		25.50
32 X-RAY SPINE		7.00
33 X-RAY HIP		19.00
34 X-RAY STOMACH		18.00
35 X-RAY COLON		8.10
36 COBALT		13.00*
37 RADIOTHERAPY		3.00
38 HEMOGLOBIN	2.00	4.00
39 WHITE CELL COUNT	3.00	8.70
40 COMPLETE BLOOD COUNT	8.00	6.20
41 CHOLESTEROL BLOOD COUNT	3.80	3.00
42 HEMATOCRIT	2.50	4.00
43 PROTHROMBIN	5.00	4.00
44 SEDIMENTATION RATE	4.00	5.00
45 BLOOD SUGAR	5.00	3.50
46 BUN UREA NITROGEN	3.50	7.00
47 PAP TEST	6.00	4.00
48 URINALYSIS	3.00	20.40
49 ELECTROCARDIOGRAM	20.40	27.10
50 ELECTROENCEPHALOGRAPH	35.00*	

VIRGINIA



Four Localities:

01- Richmond metropolitan area and Charlottesville - Henrico, Chesterfield, and Albemarle Counties.

02- Tidewater and Northern Virginia Counties - Loudoun, Fauquier, Prince William, James City, York Counties and the Suffolk, Portsmouth, Norfolk, Chesapeake, Virginia City area.

03- Small towns and industrial - Washington, Henry, Pittsylvania, Halifax, Greensville, Campbell, Bedford, Roanoke, Montgomery, Alleghany, Rockbridge, Augusta, Greene, Rockingham, Page, Madison, Culpeper, Rappahannock, Shenandoah, Warren, Frederick, Clarke, Stafford, and Spotsylvania Counties.

04- Extremely rural - all other Counties.
(Note: Alexandria, Arlington, and Fairfax are carried by the Washington D.C. carrier.)

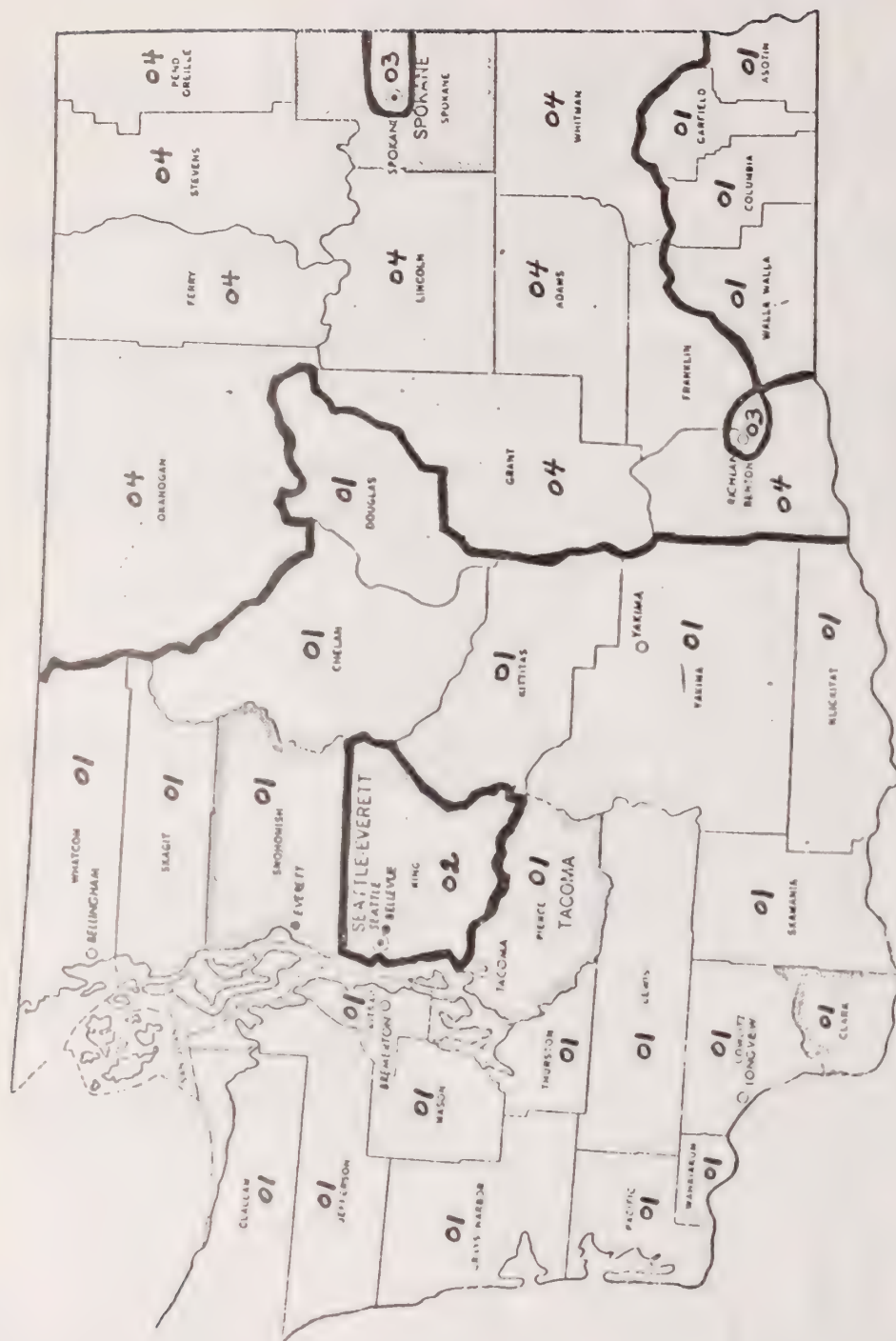
1978 PREVAILING CHARGE SUMMARY DATA

VIRGINIA

THE TRAVELERS INSURANCE COMPANY

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST			
	AREA 1	AREA 2	AREA 3	AREA 4	AREA 1	AREA 2	AREA 3	AREA 4
01 INITIAL LIMITED OFFICE VISIT	12.00	12.00	11.00	10.00	15.00	15.00	13.60	10.00
02 INITIAL COMP OFFICE VISIT	33.90	30.00	25.00	24.50	45.00	47.50	33.90	35.00
03 MINIMAL OFFICE VISIT	9.50	9.50	8.00	8.20	13.60	13.60	9.50	9.50
04 ROUTINE BRIEF OFFICE VISIT								
05 ROUTINE BRIEF HOME VISIT	13.60	13.60	12.00	13.60	16.67	20.00	13.60	15.00
06 INITIAL BRIEF HOSPITAL VISIT	33.90	33.90	27.10	27.00	54.20	47.50	40.00	35.00
07 INITIAL COMP HOSPITAL VISIT								
08 ROUTINE BRIEF HOSPITAL VISIT	11.00	9.50	8.20	9.50	13.60	13.60	9.50	9.50
09 BIOPSY SKIN	27.10	25.00	21.00	20.30	27.10	35.00	27.10	30.00
10 RADICAL MASTECTOMY					600.00	600.00	542.80	600.00
11 REDUCTION OF FRACTURE				610.70	610.70	610.70	576.70	542.80
12 ARTHROTOMY	12.50	13.60	10.00	10.00	15.00	13.60	13.60	13.60
13 NEEDLE PUNCTURE OF BURSA	10.00	15.00	10.00	10.00	15.00	15.00	13.60	13.60
14 BRONCHOSCOPY				135.70	135.70	142.50	135.00	110.00
15 THORACENTESIS	20.30	20.30	33.90	20.30	45.00	63.30	35.00	35.00
16 CATHETERIZATION								
17 INSERTION OF PACEMAKER					675.00	675.00		
18 BLOOD TRANSFUSION			651.40					
19 COLECTOMY					650.00	700.00	610.70	616.10
20 APPENDECTOMY	25.00	20.30	20.00	325.60	305.30	325.60	339.25	285.00
21 SIGMOIDOSCOPY				20.30	24.50	33.90	23.10	30.00
22 HEMORRHOIDECTOMY		261.20		261.20	271.40	271.40	220.00	261.20
23 CHOLECYSTECTOMY			464.00	487.00	508.90	507.00	464.00	422.00
24 REPAIR HERNIA		339.25	325.00	279.00	300.00	339.25	280.90	271.40
25 CYSTOSCOPY	45.00				40.70	55.00	47.50	47.50
26 DILATION OF URETHRA		13.60	13.60	14.60	15.00	13.60	13.60	13.60
27 PROSTATECTOMY			560.00	650.00	720.00	610.70	560.00	475.00
28 ELECTROSECTION OF PROSTATE					651.40	610.70	420.70	420.70
29 HYSTERECTOMY					475.00	550.00	507.50	507.50
30 EXTRACTION OF LENS		542.80		542.80	600.00	542.80	500.00	550.00
31 X-RAY CHEST	15.00	15.00	15.00	15.00	18.00	12.00	13.60	19.15
32 X-RAY SPINE	27.10	27.10	40.00	23.70	29.90	23.00	30.00	20.00
33 X-RAY HIP	25.00	24.00	25.00	25.00	24.00	24.00	25.00	24.00
34 X-RAY STOMACH		54.00	54.00	47.50	48.00	48.00	53.00	48.00
35 X-RAY COLON		42.00	48.00	45.00	42.00	42.00	47.50	44.00
36 COBALT					20.00	20.00	20.00	20.00
37 RADIOGRAPHY					24.00	24.00	24.00	24.00
38 HEMOGLOBIN	3.00	3.00	3.00	3.00	3.00	3.00	3.00	4.00
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	3.50	4.00	3.00	3.00
40 COMPLETE BLOOD COUNT	10.00	7.50	8.00	7.50	9.00	10.00	8.00	8.00
41 CHOLESTEROL BLOOD COUNT	6.00	5.50	7.00	6.00	6.00	5.50	6.00	5.50
42 HEMATOCRIT	5.00	4.00	3.00	3.00	3.00	3.00	3.00	3.00
43 PROTHROMBIN	5.00	6.00	5.00	6.00	6.00	5.00	5.00	5.00
44 SEDIMENTATION RATE	5.00	4.00	5.00	7.00	5.00	5.00	4.00	3.50
45 BLOOD SUGAR	5.00	5.00	5.00	6.00	6.00	5.00	5.00	6.00
46 BUN UREA NITROGEN	5.00	5.00	7.00	6.00	6.00	5.00	5.00	5.50
47 PAP TEST	6.00	7.00	8.00	7.00	8.00	7.50	6.00	6.00
48 URINALYSIS	3.50	4.00	4.00	3.00	5.00	4.00	4.00	4.00
49 ELECTROCARDIOGRAM	20.00	20.30	15.00	15.00	20.00	20.00	17.50	17.00
50 ELECTROENCEPHALOGRAPH					50.00	40.70	54.20	54.20

WASHINGTON



Four Localities:

- 01 - Seattle-Washington Physicians Service, 18 bureaus - rest of State
- 02 - King County Medical Blue Shield - King County
- 03 - (NSCEW) - Spokane and Richland-Pasco-Kennewick metropolitan areas
- 04 - Medical Service Corporation of Eastern Washington - Adams, Benton, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, and Whitman Counties (FOR GENERAL PRACTITIONER ONLY)

1978 PREVAILING CHARGE SUMMARY DATA WASHINGTON PHYSICIANS SERVICE WASHINGTON LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	02	04	01	03	02	04	01	03
01 INITIAL LIMITED OFFICE VISIT	13.60	12.60	13.60	11.90	15.00		13.60	13.60
02 INITIAL COMP OFFICE VISIT	40.00	33.30	40.70	25.10	47.50		50.90	47.50
03 MINIMAL OFFICE VISIT	6.80	5.30	6.50	6.00	6.80		6.90	5.00
04 ROUTINE BRIEF OFFICE VISIT	10.80	9.50	9.50	9.50	11.60		10.80	10.80
05 ROUTINE BRIEF HOME VISIT	20.00	16.00	16.30	16.00	20.00		19.50	20.00
06 INITIAL BRIEF HOSPITAL VISIT	33.90	25.80	25.80	22.40	33.90		30.70	40.70
07 INITIAL COMP HOSPITAL VISIT	40.70	38.50	48.90	50.00	47.50		48.90	50.00
08 ROUTINE BRIEF HOSPITAL VISIT	15.00	9.50	9.50	9.50	20.00		12.20	12.00
09 BIOPSY SKIN	25.00	22.00	25.00	20.10	25.00		25.80	24.50
10 RADICAL MASTECTOMY	720.00		617.70		720.00		570.10	546.00*
11 REDUCTION OF FRACTURE	430.00*	544.00*	651.60	584.00*	475.00*		760.20	678.70
12 ARTHROTOMY	25.80*	16.30	16.30	20.40	28.50*		19.00	18.30
13 NEEDLE PUNCTURE OF BURSA	20.00	14.90	24.00	18.00	20.40		16.25	16.30
14 BRONCHOSCOPY	129.00*		142.50		136.50*		122.20	169.70
15 THORACENTESIS	25.80*	20.40*	29.25	21.90*	28.80*		30.00	41.10
16 CATHETERIZATION	430.00*		329.00*		325.00*		329.00*	262.60*
17 INSERTION OF PACEMAKER	774.00*		940.00*		585.00*		940.00*	1010.00*
18 BLOOD TRANSFUSION	3.50		18.80*		3.50		18.80*	
19 COLECTOMY	780.00	544.00*	712.70	584.00*	780.00		720.00	671.00
20 APPENDECTOMY	380.00		379.50		373.30		379.50	312.00*
21 SIGMOIDOSCOPY	27.10	22.00	25.00	20.70	27.50		27.00	25.00
22 HEMORRHOIDECTOMY	271.50		280.00		271.50		280.00	234.00*
23 CHOLECYSTECTOMY	543.75	408.00*	492.00	438.00*	570.10		543.00	475.00
24 REPAIR HERNIA	325.00	233.00	285.00	255.50*	339.40		332.60	305.40
25 CYSTOSCOPY	40.70		50.00		40.70		50.00	35.00
26 DILATION OF URETHRA	20.00	20.10	22.90	21.90*	20.00		22.90	20.00
27 PROSTATECTOMY	680.00*		740.00		760.20		740.00	552.00*
28 ELECTROSECTION OF PROSTATE	680.00*		760.00		760.20		760.20	651.60
29 HYSTERECTOMY	712.00	476.00*	630.00	511.00*	699.10		630.00	490.00*
30 EXTRACTION OF LENS	680.00*		752.00*		678.70		678.70	610.90
31 X-RAY CHEST	18.50	24.00	16.30	23.70	18.50		12.00	22.50
32 X-RAY SPINE	27.10	26.50	24.50	23.10*	40.70		27.10	25.00
33 X-RAY HIP	18.00	27.10	29.75	30.80*	20.00		30.60	26.00
34 X-RAY STOMACH	46.90	45.60*	57.00		57.00		54.30	48.50
35 X-RAY COLON	53.00	38.00*	44.00	38.50*	61.00		51.60	46.00
36 COBALT			24.50		32.00		24.50	24.00*
37 RADIOTHERAPY	34.40*		37.60*		32.00		35.20*	
38 HEMOGLOBIN	3.50	3.40	3.30	3.50	4.00		3.50	3.60
39 WHITE CELL COUNT	5.00	3.40	3.50	3.30	3.00		3.00	3.60
40 COMPLETE BLOOD COUNT	9.00	9.10	9.50	9.50	8.00		9.00	9.00
41 CHOLESTEROL BLOOD COUNT	8.00	9.90	8.50	10.00	6.50		7.40	8.00
42 HEMATOCRIT	5.00	4.00	3.50	4.00	3.00		3.00	3.50
43 PROTHROMBIN	6.75	8.30	6.50	9.00	6.00		6.20	8.30
44 SEDIMENTATION RATE	5.00	5.10	4.90	5.50	4.00		4.50	5.00
45 BLOOD SUGAR	8.00	8.50	8.00	8.50	6.00		7.50	8.00
46 BUN UREA NITROGEN	8.00	8.30	8.00	9.00	6.50		6.20	7.00
47 PAP TEST	9.50	9.00	9.50	7.50	10.00		9.30	8.00
48 URINALYSIS	5.00	4.10	4.50	4.50	4.50		4.90	4.30
49 ELECTROCARDIOGRAM	24.00	25.00	24.50	22.40	21.00		24.50	21.00
50 ELECTROENCEPHALOGRAPH	60.00*		70.00		60.00			44.80*

WEST VIRGINIA



- Five Localities:
 16 - Charleston
 17 - Wheeling
 18 - Eastern Valley
 19 - Ohio River Valley
 20 - Southern Valley

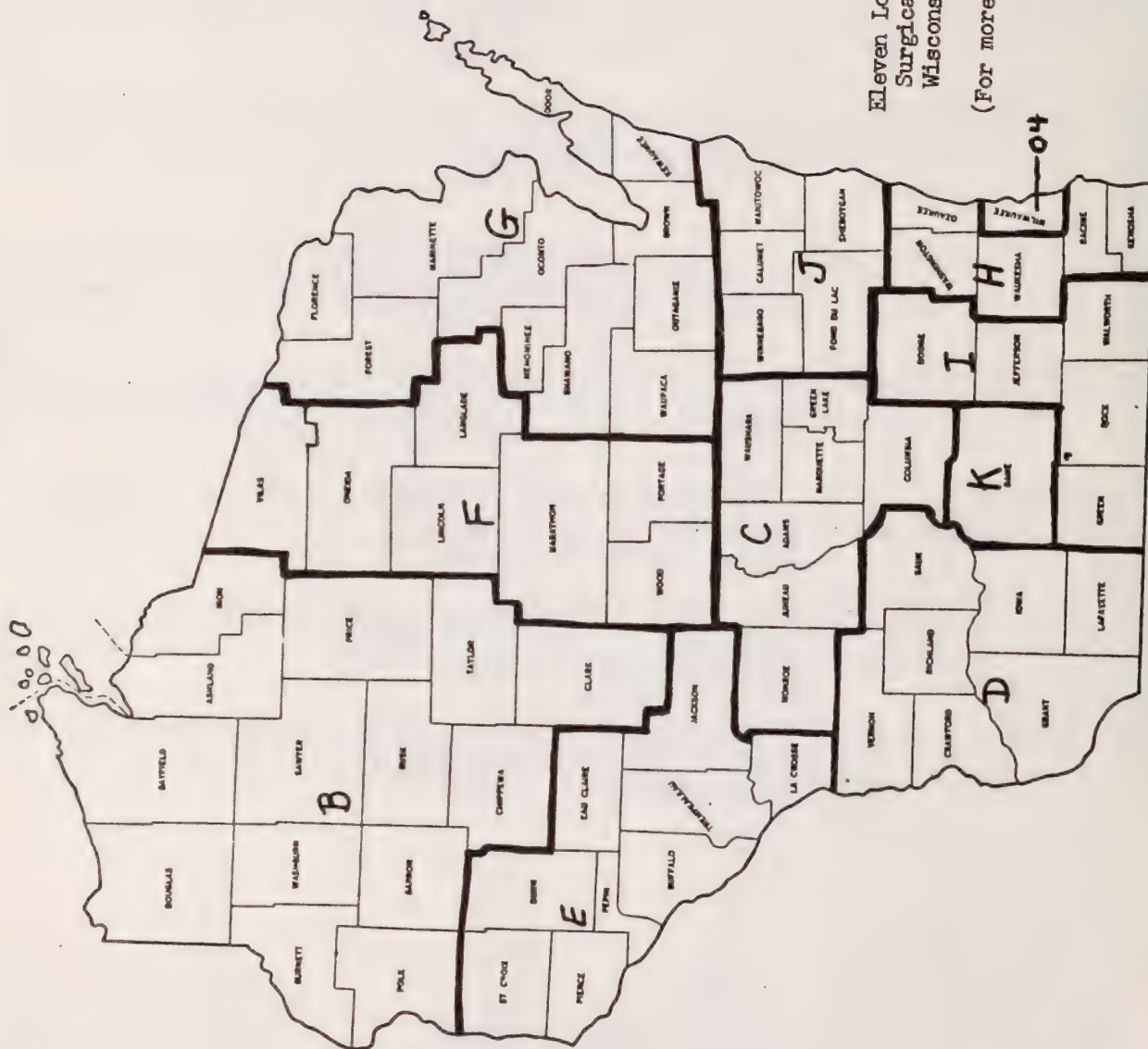
1978 PREVAILING CHARGE SUMMARY DATA

WEST VIRGINIA

NATIONWIDE MUTUAL INSURANCE CO.

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE				LOCALITY DESIGNATION FOR SPECIALIST					
	16	17	18	19	20	16	17	18	19	20
01 INITIAL LIMITED OFFICE VISIT	15.00	20.00	10.00	13.60	13.60	16.30	20.00	16.00	13.60	15.00
02 INITIAL COMP OFFICE VISIT	30.00	25.00	40.00	30.00	33.10	50.00	40.00	47.50	30.00	33.10
03 MINIMAL OFFICE VISIT	3.00	3.00	5.00	4.10	3.50	3.00	4.20	5.00	5.00	4.10
04 ROUTINE BRIEF OFFICE VISIT	9.50	8.10	8.10	6.80	8.10	10.90	10.90	9.50	10.90	10.90
05 ROUTINE BRIEF HOME VISIT	15.00	13.60	10.00	13.60	13.60	20.00	15.00	20.00	15.00	12.00
06 INITIAL BRIEF HOSPITAL VISIT	27.10	25.00	25.00	21.70	24.40	40.00	33.90	47.50	31.20	27.10
07 INITIAL COMP HOSPITAL VISIT	30.00	33.90	28.00	33.90	24.00	50.00	25.00	47.50	40.70	24.00
08 ROUTINE BRIEF HOSPITAL VISIT	9.50	8.10	8.10	8.10	9.50	10.90	10.20	13.60	10.00	8.10
09 BIOPSY SKIN	20.40	20.40	20.40	20.40	20.40	33.90	33.90	33.90	35.00	33.90
10 RADICAL MASTECTOMY	682.00	678.50	678.50	678.50	678.50	684.00	678.50	678.50	678.50	678.50
11 REDUCTION OF FRACTURE	542.80	542.80	542.80	542.80	542.80	610.70	624.20	678.50	563.20	678.50
12 ARTHROTOMY	20.40	13.60	18.00	13.60	20.00	18.00	25.00	20.40	13.60	20.40
13 NEEDLE PUNCTURE OF BURSA	18.00	18.00	18.00	18.00	18.00	13.60	13.60	13.60	13.60	13.60
14 BRONCHOSCOPY	122.10	125.00	135.70	120.00	101.80	135.70	125.00	135.70	100.00	101.80
15 THORACENTESIS	33.90	33.90	33.90	33.90	33.90	33.90	47.50	47.50	50.00	33.90
16 CATHETERIZATION	300.00	300.00	300.00	300.00	300.00	203.60	203.60	203.60	203.60	203.60
17 INSERTION OF PACEMAKER	542.80	678.50	814.20	814.20	814.20	542.80	678.50	814.20	814.20	814.20
18 BLOOD TRANSFUSION	13.20	13.20	13.20	13.20	15.00	13.20	13.20	13.20	13.20	13.20
19 COLECTOMY	675.00	675.00	675.00	675.00	675.00	635.00	600.00	678.50	650.00	678.50
20 APPENDECTOMY	339.25	339.25	339.25	339.25	339.25	325.00	325.00	325.00	325.00	325.00
21 SIGMOIDOSCOPY	30.00	27.10	27.10	33.90	25.00	33.00	20.40	30.00	27.10	27.10
22 HEMORRHOIDECTOMY	312.10	350.00	350.00	350.00	350.00	339.25	339.25	339.25	339.25	339.25
23 CHOLECYSTECTOMY	529.20	529.20	529.20	461.40	529.20	500.00	407.10	507.00	461.40	400.00
24 REPAIR HERNIA	300.00	271.40	300.00	300.00	300.00	305.30	271.40	334.00	286.00	271.40
25 CYSTOSCOPY	40.70	47.50	55.00	27.10	48.90	45.00	47.50	55.00	27.20	48.90
26 DILATION OF URETHRA	15.00	15.00	15.00	15.00	15.00	15.00	13.60	16.30	15.00	16.30
27 PROSTATECTOMY	640.00	650.00	650.00	542.80	650.00	650.00	650.00	650.00	542.80	650.00
28 ELECTROSECTION OF PROSTATE	480.00	475.00	475.00	475.00	475.00	650.00	640.00	542.80	542.80	538.00
29 HYSTERECTOMY	600.00	600.00	600.00	600.00	600.00	610.70	610.70	610.70	610.70	610.70
30 EXTRACTION OF LENS	542.80	542.80	586.20	500.00	542.80	542.80	542.80	586.20	500.00	529.20
31 X-RAY CHEST	16.30	20.00	20.00	20.00	18.50	15.00	20.00	10.90	20.00	16.30
32 X-RAY SPINE	20.40	20.40	20.40	30.00	24.40	27.10	28.00	20.40	20.40	28.00
33 X-RAY HIP	22.00	22.00	22.00	22.00	22.00	24.40	24.40	24.40	20.40	35.00
34 X-RAY STOMACH	33.90	33.90	33.90	45.00	40.00	33.90	42.00	27.10	45.00	45.00
35 X-RAY COLON	40.70	40.70	40.70	40.70	42.20	40.70	30.50	27.10	45.00	45.00
36 COBALT	17.00	17.00	17.00	20.00	17.00	17.00	17.00	17.00	12.20	17.00
37 RADIOTHERAPY	17.00	24.40	24.40	33.00	24.40	17.00	24.40	24.40	33.00	24.40
38 HEMOGLOBIN	3.00	4.00	4.00	3.00	4.00	4.00	3.00	3.00	4.00	3.00
39 WHITE CELL COUNT	3.00	3.00	3.00	3.00	2.50	2.50	3.00	3.00	2.00	3.00
40 COMPLETE BLOOD COUNT	15.00	6.00	7.00	8.00	8.00	8.00	12.00	8.00	10.00	7.00
41 CHOLESTEROL BLOOD COUNT	10.00	5.00	6.00	6.00	8.00	8.00	6.00	6.00	7.00	6.00
42 HEMATOCRIT	2.00	2.50	3.00	3.00	2.00	4.00	5.00	3.00	3.00	3.00
43 PROTHROMBIN	8.00	5.00	5.00	6.00	6.00	4.00	5.00	5.50	5.50	5.00
44 SEDIMENTATION RATE	5.00	5.00	5.00	5.00	6.00	3.00	4.00	4.25	4.25	4.25
45 BLOOD SUGAR	6.00	5.00	6.00	5.50	8.00	7.00	4.25	6.00	7.00	6.00
46 BUN UREA NITROGEN	10.00	7.00	10.00	5.50	8.00	8.00	6.00	6.00	7.00	6.00
47 PAP TEST	7.00	10.00	8.00	10.00	11.00	8.00	8.00	8.00	8.00	8.00
48 URINALYSIS	5.00	4.00	4.00	3.00	4.00	5.00	4.00	3.00	4.00	4.00
49 ELECTROCARDIOGRAM	18.00	20.00	20.00	20.00	16.30	20.00	20.40	20.00	15.00	20.00
50 ELECTROENCEPHALOGRAPH	47.50	47.50	47.50	47.50	47.50	54.30	54.30	54.30	54.30	54.30

WISCONSIN



Eleven Localities:

Surgical Care - Blue Shield Wisconsin - 04
 Wisconsin Physicians Service - B, C, D, E, F, G, H, I, J, K
 (For more locality information see Appendix A)

1978 PREVAILING CHARGE SUMMARY DATA MEDICAL SOCIETY OF MILWAUKEE CO. WISCONSIN

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE		LOCALITY DESIGNATION FOR SPECIALIST	
	MILWAUK		MILWAUK	
01 INITIAL LIMITED OFFICE VISIT	30.00		47.50	01
02 INITIAL COMP OFFICE VISIT	10.00		10.80	02
03 MINIMAL OFFICE VISIT	10.00		14.00	03
04 ROUTINE BRIEF OFFICE VISIT	20.00		19.00	04
05 ROUTINE BRIEF HOME VISIT	31.90		36.70	05
06 INITIAL BRIEF HOSPITAL VISIT	47.50		47.50	06
07 INITIAL COMP HOSPITAL VISIT	13.60		14.25	07
08 ROUTINE BRIEF HOSPITAL VISIT	25.00		25.00	08
09 BIOPSY SKIN	569.90		610.70	09
10 RADICAL MASTECTOMY	732.75		746.40	10
11 REDUCTION OF FRACTURE	17.10		25.00	11
12 ARTHROTOMY	32.00		35.00	12
13 NEEDLE PUNCTURE OF BURSA	203.60		203.60	13
14 BRONCHOSCOPY	50.00		50.00	14
15 THORACENTESIS	424.10		400.00	15
16 CATHETERIZATION	244.30		244.30	16
17 INSERTION OF PACEMAKER				17
18 BLOOD TRANSFUSION	732.75		780.30	18
19 COLECTOMY	436.30		436.30	19
20 APPENDECTOMY	43.00		43.00	20
21 SIGMOIDOSCOPY	297.50		297.50	21
22 HEMORRHOIDECTOMY	488.60		508.90	22
23 CHOLECYSTECTOMY	304.30		308.00	23
24 REPAIR HERNIA	81.50		81.50	24
25 CYSTOSCOPY	13.60		14.00	25
26 DILATION OF URETHRA	657.40		664.90	26
27 PROSTATECTOMY	651.40		651.40	27
28 ELECTROSECTION OF PROSTATE	610.70		610.70	28
29 HYSTERECTOMY	651.40		678.50	29
30 EXTRACTION OF LENS	17.70		5.40	30
31 X-RAY CHEST	27.10		10.25	31
32 X-RAY SPINE	25.50		7.00	32
33 X-RAY HIP	54.20		120.30	33
34 X-RAY STOMACH	40.70		19.00	34
35 X-RAY COLON	13.50		13.60	35
36 COBALT				36
37 RADIOTHERAPY	4.00		4.00	37
38 HEMOGLOBIN	4.00		4.00	38
39 WHITE CELL COUNT	15.00		12.00	39
40 COMPLETE BLOOD COUNT	9.00		6.00	40
41 CHOLESTEROL BLOOD COUNT	3.40		3.50	41
42 HEMATOCRIT	7.30		7.30	42
43 PROTHROMBIN	5.00		4.30	43
44 SEDIMENTATION RATE	7.30		7.00	44
45 BLOOD SUGAR	8.00		6.00	45
46 BUN UREA NITROGEN	8.00		8.00	46
47 PAP TEST	5.00		5.70	47
48 URINALYSIS	26.25		6.00	48
49 ELECTROCARDIOGRAM	10.50		22.75	49
50 ELECTROENCEPHALOGRAM				50

1978 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE WISCONSIN

PROCEDURE DESCRIPTION	LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
	B-12	C-13	D-14	K-15	E-19	B-12	C-13	D-14	K-15	E-19
01 INITIAL LIMITED OFFICE VISIT	10.00	12.00	13.00	14.00	12.00	10.00	13.60	17.50	35.00	33.00
02 INITIAL COMP OFFICE VISIT	28.00	23.30	25.00	30.00	30.00	42.00	32.60	47.00	45.80	47.50
03 MINIMAL OFFICE VISIT	4.10	3.00	4.00	5.00	4.10	6.00	4.10	5.40	6.60	5.30
04 ROUTINE BRIEF OFFICE VISIT	8.00	8.10	8.00	8.10	8.10	8.10	9.50	9.50	10.90	10.00
05 ROUTINE BRIEF HOME VISIT	10.00	13.60	13.60	16.00	13.60	10.00	9.50	15.00	18.40	13.60
06 INITIAL BRIEF HOSPITAL VISIT	24.40	20.40	20.40	28.50	20.40	24.40	20.40	33.90	47.50	33.90
07 INITIAL COMP HOSPITAL VISIT	51.00	50.00	40.00	50.00	48.90	50.00	51.80	50.00	53.00	42.00
08 ROUTINE BRIEF HOSPITAL VISIT	8.00	8.10	7.90	8.10	8.10	8.10	7.00	8.10	10.90	9.50
09 BIOPSY SKIN	20.00	20.00	16.30	20.00	20.00	20.40	21.00	20.40	25.00	25.00
10 RADICAL MASTECTOMY	475.00	569.90	569.90	664.90	664.90	475.00	569.90	569.90	679.00	664.90
11 REDUCTION OF FRACTURE	610.70	508.90	651.40	720.00	475.00	542.80	651.40	651.40	720.00	756.00
12 ARTHROTOMY	13.60	15.00	15.00	13.60	14.00	20.40	24.40	23.10	23.10	20.40
13 NEEDLE PUNCTURE OF BURSA	15.80	16.30	16.30	18.00	16.30	13.60	16.30	13.60	19.00	21.70
14 BRONCHOSCOPY	101.80	122.10	122.10	142.50	142.50	101.80	122.10	122.10	190.00	210.00
15 THORACENTESIS	27.10	32.00	27.10	27.10	32.00	33.90	33.90	20.40	33.90	42.00
16 CATHETERIZATION	235.00	235.00	235.00	275.00	215.00	275.00	275.00	275.00	210.00	275.00
17 INSERTION OF PACEMAKER										
18 BLOOD TRANSFUSION	12.00	12.00	10.20	12.00	12.00	10.50	15.00	10.00	15.00	15.00
19 COLECTOMY	542.80	651.40	651.40	759.90	688.10	542.80	651.40	651.40	759.90	688.10
20 APPENDECTOMY	20.00	27.10	20.40	23.20	24.40	22.00	33.90	27.10	27.10	33.90
21 SIGMOIDOSCOPY	210.00	285.00	244.30	285.00	237.50	203.60	244.30	295.00	295.00	295.00
22 HEMORRHOIDECTOMY	488.50	500.00	481.70	500.00	488.50	386.75	480.00	488.50	600.00	495.00
23 CHOLECYSTECTOMY	285.00	285.00	244.30	300.00	300.00	271.40	280.00	271.40	339.25	321.10
24 REPAIR HERNIA	33.90	40.70	40.70	43.00	43.00	33.90	40.70	40.70	40.70	43.00
25 CYSTOSCOPY	15.00	13.60	13.60	19.00	17.60	15.00	15.00	15.00	12.20	15.00
26 DILATION OF URETHRA	542.80	651.40	651.40	720.00	720.00	542.80	651.40	651.40	651.40	720.00
27 PROSTATECTOMY	651.40	305.30	651.40	720.00	688.10	542.80	651.40	651.40	651.40	688.10
28 ELECTROSECTION OF PROSTATE	475.00	488.50	488.50	648.00	664.90	475.00	569.90	569.90	664.90	712.40
29 HYSTERECTOMY	500.00	651.40	651.40	700.00	675.00	680.00	651.40	651.40	610.70	651.40
30 EXTRACTION OF LENS	13.60	12.90	13.60	16.20	15.00	12.00	12.00	12.00	12.00	12.00
31 X-RAY CHEST	27.10	24.40	27.80	32.60	24.40	24.40	24.40	24.40	32.00	29.90
32 X-RAY SPINE	24.50	24.50	24.50	24.50	24.50	32.00	32.00	32.00	24.40	20.40
33 X-RAY HIP	47.50	33.90	27.10	40.70	54.00	50.00	50.00	50.00	50.00	42.10
34 X-RAY STOMACH	45.00	33.90	27.10	50.00	45.00	50.00	50.00	50.00	50.00	42.10
35 X-RAY COLON	10.00	10.00	9.40	9.90	10.00	10.00	10.00	10.00	9.90	6.80
36 COBALT	15.00	15.00	14.20	15.90	15.00	15.00	15.00	15.00	14.30	15.00
37 RADIOTHERAPY	3.00	3.50	3.00	3.00	4.00	4.00	3.00	3.00	3.20	3.30
38 HEMOGLOBIN	3.00	3.50	3.00	4.00	4.00	3.80	3.30	3.30	3.50	3.30
39 WHITE CELL COUNT	9.00	7.80	10.00	9.40	12.00	9.50	10.30	10.30	12.80	9.80
40 COMPLETE BLOOD COUNT	7.00	6.50	6.00	5.00	7.00	7.50	7.00	7.00	6.00	7.00
41 CHOLESTEROL BLOOD COUNT	3.00	3.00	2.50	4.00	3.20	3.80	3.50	3.50	3.50	2.90
42 HEMATOCRIT	5.00	5.50	5.50	5.50	7.00	5.00	6.00	6.00	5.60	5.30
43 PROTHROMBIN	4.00	3.90	4.00	4.00	5.50	7.00	6.50	6.50	8.00	7.00
44 SEDIMENTATION RATE	6.00	6.50	6.00	6.00	6.60	7.00	6.50	6.50	7.00	7.00
45 BLOOD SUGAR	6.00	7.00	7.00	7.00	9.00	6.00	6.50	6.50	6.00	6.60
46 BUN UREA NITROGEN	7.00	7.50	10.00	3.00	9.00	7.00	7.30	7.30	7.50	6.60
47 PAP TEST	3.50	4.00	3.50	4.40	4.70	3.80	5.00	5.00	4.50	4.80
48 URINALYSIS	20.00	18.00	18.00	20.00	22.80	20.00	21.00	19.00	20.50	18.40
49 ELECTROCARDIOGRAM	57.00	57.00	57.00	57.00	49.10	50.00	50.00	50.00	50.00	57.00
50 ELECTROENCEPHALOGRAPH										

1978 PREVAILING CHARGE SUMMARY DATA

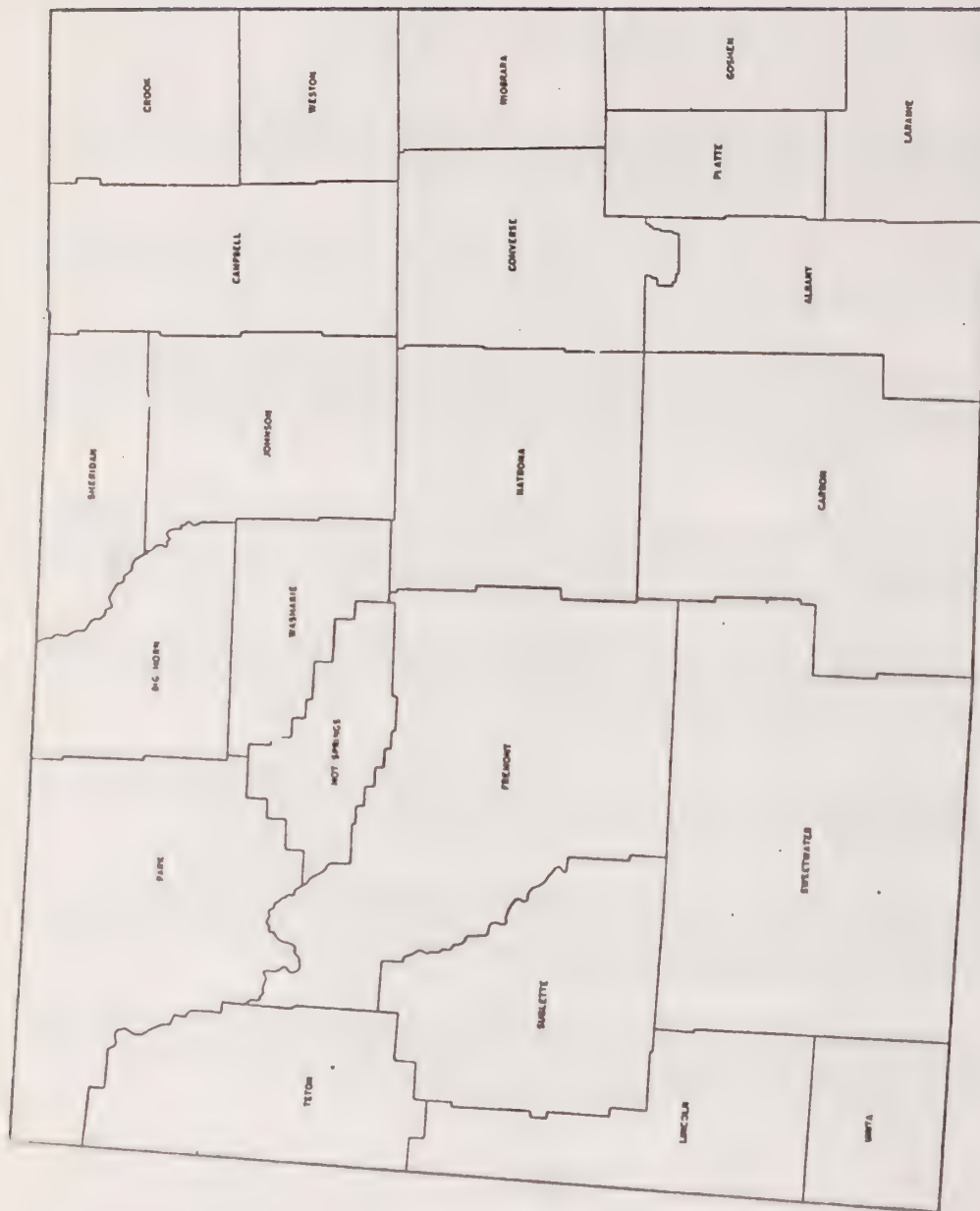
WISCONSIN

WISCONSIN PHYSICIANS SERVICE

LOCALITY DESIGNATION FOR GENERAL PRACTICE LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	F-36	G-40	H-46	I-54	J-60	F-36	G-40	H-46	I-54	J-60
01 INITIAL LIMITED OFFICE VISIT	11.00	15.00	15.00	14.00	15.00	17.50	20.00	20.00	16.00	15.00
02 INITIAL COMP OFFICE VISIT	37.10	30.00	30.00	27.10	29.30	40.70	35.00	47.50	40.70	47.50
03 MINIMAL OFFICE VISIT	4.10	4.00	5.00	4.10	4.10	6.80	4.10	5.40	5.00	5.00
04 ROUTINE BRIEF OFFICE VISIT	8.10	6.80	9.50	8.10	8.10	8.10	8.10	10.90	9.50	10.00
05 ROUTINE BRIEF HOME VISIT	13.60	13.60	15.00	13.60	13.60	10.90	13.60	20.00	17.00	15.00
06 INITIAL BRIEF HOSPITAL VISIT	24.40	27.10	32.60	27.10	27.10	33.90	40.00	45.00	33.90	40.70
07 INITIAL COMP HOSPITAL VISIT	35.00	47.50	50.00	50.00	56.00	48.90	55.00	54.00	47.50	60.00
08 ROUTINE BRIEF HOSPITAL VISIT	8.10	8.00	9.50	9.50	8.10	10.90	10.90	13.60	9.50	10.00
09 BIOPSY SKIN	20.00	20.00	20.00	20.00	20.00	20.40	20.40	25.00	21.70	25.00
10 RADICAL MASTECTOMY	569.90	569.90	569.90	569.90	569.90	569.90	569.90	569.90	500.00	610.70
11 REDUCTION OF FRACTURE	651.40	610.70	705.60	651.40	651.40	720.00	610.70	651.40	678.50	651.40
12 ARTHROTOMY	16.30	13.60	18.00	20.40	20.00	11.00	13.60	20.40	22.50	20.40
13 NEEDLE PUNCTURE OF BURSA	13.60	16.00	20.00	16.30	13.60	16.30	15.00	16.30	16.30	15.00
14 BRONCHOSCOPY	122.10	122.10	132.30	122.10	122.10	149.30	135.70	132.30	122.10	122.10
15 THORACENTESIS	25.00	25.00	32.00	27.10	32.00	33.90	35.00	27.10	40.70	35.00
16 CATHETERIZATION	190.00	100.00	235.00	235.00	245.00	275.00	67.90	275.00	275.00	275.00
17 INSERTION OF PACEMAKER										
18 BLOOD TRANSFUSION	12.00	12.00	12.00	12.00	12.00	15.00	10.20	15.00	15.00	13.60
19 COLECTOMY	651.40	651.40	705.60	651.40	651.40	651.40	651.40	705.60	651.40	651.40
20 APPENDECTOMY										
21 SIGMOIDOSCOPY	27.00	27.10	33.90	27.00	33.90	24.40	30.00	33.90	27.10	33.90
22 HEMORRHOIDECTOMY	244.30	203.60	256.50	244.30	264.60	285.00	244.30	271.40	266.00	244.30
23 CHOLECYSTECTOMY	488.50	475.00	500.00	488.50	475.00	488.50	488.50	529.20	540.00	508.90
24 REPAIR HERNIA	285.00	280.00	300.00	300.00	285.00	285.00	285.00	320.00	339.25	285.00
25 CYSTOSCOPY	40.70	40.70	44.10	40.70	40.70	47.50	48.00	72.00	65.00	66.00
26 DILATION OF URETHRA	19.00	13.60	13.60	13.60	15.00	15.00	15.00	12.00	15.00	12.50
27 PROSTATECTOMY	651.40	651.40	705.60	651.40	651.40	651.40	651.40	720.00	651.40	651.40
28 ELECTROSECTION OF PROSTATE	651.40	651.40	705.60	651.40	651.40	644.60	651.40	720.00	759.90	651.40
29 HYSTERECTOMY	569.90	569.90	590.30	569.90	542.80	610.70	569.90	610.70	683.90	610.70
30 EXTRACTION OF LENS	651.40	560.00	680.00	651.40	600.00	651.40	651.40	678.50	597.10	542.80
31 X-RAY CHEST	15.00	15.00	15.00	15.00	16.00	12.00	12.00	16.00	12.00	12.00
32 X-RAY SPINE	21.00	24.50	27.80	27.10	27.80	24.40	13.60	27.10	13.60	20.40
33 X-RAY HIP	24.50	24.50	24.50	16.30	24.50	32.00	32.00	10.90	32.00	18.90
34 X-RAY STOMACH	47.50	48.90	48.90	20.40	40.70	50.00	42.00	47.50	20.40	50.00
35 X-RAY COLON	45.00	40.70	40.70	45.00	40.70	50.00	37.00	40.70	20.40	47.50
36 COBALT	10.00	9.40	10.00	9.80	10.00	10.00	10.00	10.00	10.00	10.00
37 RADIOGRAPHY	15.00	14.00	15.00	14.70	15.00	15.00	15.00	9.00	14.70	13.60
38 HEMOGLOBIN	3.50	3.00	4.00	3.00	3.00	3.30	3.00	3.30	2.50	3.10
39 WHITE CELL COUNT	3.50	3.50	4.00	3.50	3.00	3.30	3.00	3.30	2.50	3.50
40 COMPLETE BLOOD COUNT	11.00	10.00	10.00	11.00	9.00	13.00	9.00	10.00	11.00	9.00
41 CHOLESTEROL BLOOD COUNT	8.00	7.00	7.00	6.00	8.00	3.50	6.00	8.80	6.50	6.00
42 HEMATOCRIT	3.00	3.00	3.20	3.40	3.00	3.50	4.00	3.30	2.50	3.50
43 PROTHROMBIN	6.00	5.50	6.00	6.70	6.00	6.00	5.00	6.40	6.50	5.80
44 SEDIMENTATION RATE	5.60	5.00	4.00	5.00	4.00	5.60	4.00	5.00	4.00	4.50
45 BLOOD SUGAR	8.00	6.00	7.00	6.00	6.00	8.00	6.00	7.00	7.00	6.00
46 BUN UREA NITROGEN	8.00	7.00	7.00	5.00	7.00	7.00	6.00	7.00	6.50	6.00
47 PAP TEST	7.50	8.30	10.00	6.00	7.00	7.50	7.30	8.50	6.00	7.00
48 URINALYSIS	4.00	4.50	5.00	4.00	5.00	5.30	4.00	5.00	5.00	5.00
49 ELECTROCARDIOGRAM	20.00	20.00	22.50	25.00	21.00	24.00	20.00	22.50	18.00	22.00
50 ELECTROENCEPHALOGRAM	57.00	57.00	57.00	57.00	57.00	50.00	50.00	50.00	50.00	50.00

WYOMING



One Locality - Statewide

1978 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY WYOMING

PROCEDURE DESCRIPTION		LOCALITY DESIGNATION FOR GENERAL PRACTICE	LOCALITY DESIGNATION FOR SPECIALIST
		05530	05530
01 INITIAL LIMITED OFFICE VISIT		13.60	13.00
02 INITIAL COMP OFFICE VISIT		56.00	47.50
03 MINIMAL OFFICE VISIT		5.00	5.00
04 ROUTINE BRIEF OFFICE VISIT		8.20	9.50
05 ROUTINE BRIEF HOME VISIT		13.60	16.30
06 INITIAL BRIEF HOSPITAL VISIT		20.40	35.00
07 INITIAL COMP HOSPITAL VISIT		44.10	54.30
08 ROUTINE BRIEF HOSPITAL VISIT		10.80	13.60
09 BIOPSY SKIN		20.00	20.40
10 RADICAL MASTECTOMY		532.00*	560.00*
11 REDUCTION OF FRACTURE		608.00*	543.00
12 ARTHROTOMY		12.00	20.00
13 NEEDLE PUNCTURE OF BURSA		19.00	20.40
14 BRONCHOSCOPY		130.00*	111.30
15 THORACENTESIS		25.00	20.40
16 CATHETERIZATION		266.00*	280.00*
17 INSERTION OF PACEMAKER		760.00*	688.10
18 BLOOD TRANSFUSION		15.20*	16.00*
19 COLECTOMY		678.70	610.90
20 APPENDECTOMY		304.00*	320.00*
21 SIGMOIDOSCOPY		20.40	20.40
22 HEMORRHOIDECTOMY		228.00*	210.00
23 CHOLECYSTECTOMY		434.40	498.00
24 REPAIR HERNIA		271.50	271.50
25 CYSTOSCOPY		38.00*	40.70
26 DILATION OF URETHRA		15.00	13.60
27 PROSTATECTOMY		613.90	640.00*
28 ELECTROSECTION OF PROSTATE		511.50	543.00
29 HYSTERECTOMY		532.00*	610.90
30 EXTRACTION OF LENS		562.70	570.10
31 X-RAY CHEST		13.60	17.50
32 X-RAY SPINE		27.10	20.40
33 X-RAY HIP		12.00	20.40
34 X-RAY STOMACH		30.00	40.70
35 X-RAY COLON		30.00	40.70
36 COBALT		21.00*	9.00
37 RADIOTHERAPY		30.40*	10.00
38 HEMOGLOBIN		3.00	3.50
39 WHITE CELL COUNT		3.00	3.00
40 COMPLETE BLOOD COUNT		10.00	10.00
41 CHOLESTEROL BLOOD COUNT		11.00	11.00
42 HEMATOCRIT		3.00	3.00
43 PROTHROMBIN		6.00	7.00
44 SEDIMENTATION RATE		4.00	5.00
45 BLOOD SUGAR		8.00	10.00
46 BUN UREA NITROGEN		11.00	11.00
47 PAP TEST		7.50	7.50
48 URINALYSIS		4.00	5.00
49 ELECTROCARDIOGRAM		20.40	20.40
50 ELECTROENCEPHALOGRAM		74.20*	73.50*

APPENDIX A

ALABAMA

Six Localities:

- 01 Seven M.W. Counties: Colbert, Franklin, Lauderdale, Lawrence, Limestone, Madison, Morgan
- 02 Six North Central Counties: Calhoun, Dekalb, Etowah, Fayette, Marshall, Tuscaloosa
- 03 Eight S.W. Counties: Butler, Covington, Crenshaw, Dallas, Houston, Lee, Montgomery, Russell
- 04 Two S.W. Counties: Baldwin, Mobile (city)
- 05 One Large Metropolitan County: Jefferson
- 06 Forty-one small Rural Counties:
- | | |
|----------|------------|
| Autauga | Henry |
| Barbour | Jackson |
| Bibb | Lamar |
| Blount | Lauderdale |
| Bullard | Lawrence |
| Chambers | Madison |
| Cherokee | Marion |
| Chilton | Marengo |
| Clark | Morgan |
| Clay | Perry |
| Cleburne | Pickens |
| Coffee | Pike |
| Conecuh | Randolph |
| Cook | St. Clair |
| Cullman | Shelby |
| Dale | Sumter |
| Elmore | Talladega |
| Escambia | Tallapoosa |
| Geneva | Walker |
| Greene | Washington |
| Hale | Wilcox |
| | Winston |

ARIZONA

Six Localities:

- 01--Phoenix--including Avondale, Chandler, Clearwater Hills, Cashion, Desert Sage, El Mirage, Gilbert, Glendale, Goodyear, Guadalupe, Litchfield Park, Mesa, Paradis Valley, Peoria, Scottsdale, Sun City, Surprise, Tempe, Tolleson, and Youngtown.
- 02--Tucson---including Casas Adobes, Catalina Foothills, Desert Steppes, Indiana Ridge Estates, Sherwood Village, South Tucson, and Vista Del Sahuarro.
- 05--Flagstaff
- 07--Prescott
- 08--Yuma
- 99--All other parts of the State

(City limits are exact boundaries of localities)

CALIFORNIA

Twenty-eight Localities - Conform to PSRO Areas:

Blue Shield handles all of 1-14 and the Medicare/Medi-Cal claims from 15-28

Occidental handles non-Medi-Cal Claims from 15-28

There are 42 screens for California as a result of the overlap.

01 - Del Norte, Humboldt, Lake, Mendocino, Sonoma

02 - Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Sierra, Shasta, Siskiyou, Sutter, Tehama, Trinity, Yuba

03 - Marin, Napa, Solano

04 - El Dorado, Nevada, Placer, Sacramento, Yolo

05 - San Francisco

06 - San Mateo

07 - Alameda & Contra Costa

08 - Alpine, Amador, Calaveras, San Joaquin & Tuolumne

09 - Santa Clara

10 - Mariposa, Merced, Stanislaus

11 - Madera, Fresno

12 - Monterey, San Benito, Santa Cruz

13 - Kings and Tulare

14 - Kern

15 - Inyo, Mono, San Bernardino

16 - San Luis, Colispo, Santa Barbara

17 - Ventura

(Localities 18 through 25 are composed of cities and parts of Los Angeles denoted by ZIP Codes)

18 :	Altadena Alhambra San Marino Tujunga Glendale San Gabriel Temple City Sunland	Verdugo City Pasadena Garvey Eagle Rock Rosemead La Crescenta Monrovia	La Vina El Monte South Pasadena Monterey Park La Canada South San Gabriel Wilmar
19 :	Avalon Wilmington Palos Verdes Estates Long Beach	Terminal Island Hawaiian Gardens Lakewood San Pedro	Dominquez Harbor City Palos Verdes Peninsula Los Alamitos
20 :	Agoura Palmdale Chatsworth Burbank Hidden Hills Olive View Rosedale San Fernando Tarzana Sun Valley Lancaster	Littlerock Canoga Park Quartz Hill Granada Hills North Hollywood Northridge Panorama City Sherman Oaks Studio City Woodland Hills Toluca Lake	Calabasas Pearblossom Encino Mission Hills Newhall Pacoima Saugus Sepulveda Van Nuys Sylmar
21 :	Commerce Glendora East Los Angeles Rowland Heights Norwalk Valinda Whittier La Verne Baldwin Park Walnut	Duarte La Mirada Monrovia Montebello Santa Fe Springs Claremont Azusa San Dimas	Hacienda Heights La Puente Los Nietos Sierra Madre Pico Rivera West Covina Arcadia Pomona Covina

CALIFORNIA pg. 2

22 : Culver City Sawtelle Mar Vista Pacific Palisades Los Angeles Postal Zones: 90034 90066	Santa Monica Marina del Rey Westwood Palms Los Angeles Postal Zones: 90049 90073	Malibu Venice Ocean Park Playa del Rey 90064	25 : Beverly Hills Los Angeles Postal Zones: 90027 90036 90048 90029 90046 90069
23 : Gardena Torrance Manhattan Beach Bellflower Compton El Segundo Huntington Park Lawndale Paramount Los Angeles Postal Zones: 90009	Rolling Hills Lomita Bell Redondo Beach Millbrook Home Gardens Inglewood Maywood South Gate Los Angeles Postal Zones: 90045	Hermosa Beach Artesia Palos Verdes Bell Gardens Downey Hawthorne Lynwood Lennox	26 : Orange County 27 : Riverside County 28 : San Diego & Imperial Counties.
24 : Los Angeles Postal Zones: 90006 90008 90012 90043 90058 90035 90002 90003 90057 90037 90017 90047 90021 90061 90032	Metropolitan Center 90013 90056 90023 90062 90005 90042 90016 90055 90020 90001 90065 90026 90011 90015 90044	90033 90007 90053 90018 90014 90059 90031 90004 90039 90010 90054 90019 90063 90051	

CONNECTICUT

Four Localities:

01- Northwest and North Central - City of New London, Hartford County,

Litchfield County (except New Milford, Washington, Bridgewater, and Roxbury Townships), Tolland County (except Willington, Coventry, Mansfield, and Columbia Townships), and Southbury, Middlebury, Waterbury, Wolcott, Naugatuck, Beacon Falls, Prospect, Cheshire, Wallingford, and Meriden Townships in

New Haven County.

02- Southwest - New Milford, Washington, Bridgewater, and Roxbury

Townships in Litchfield County and Fairfield County (except

Monroe, Shelton, Trumbull, Easton, Fairfield, Bridgeport, and Stratford).

03 - South Central - Oxford, Seymour, Darby, Orange, Ansonia, Bethany,

Woodbridge, Hamden, North Haven, New Haven, North Branford,

Guilford, Madison, Branford, East Haven, West Haven, and

Milford Townships in New Haven County and Monroe, Shelton,

Trumbull, Easton, Fairfield, Bridgeport, and Stratford

Townships in Fairfield County.

04 - Northeast and Southeast - Middlesex County, New London County

(except the City of New London), Windham County, and Willington,

Coventry, Mansfield, and Columbia Townships in Tolland County.

GEORGIA

Four Localities (by counties):

01	Fulton, Clayton, DeKalb, Butts, Cherokee, Cobb, Douglas, Fayette, Forsyth, Gwinnett, Henry, Newton, Paulding, Rockdale, Walton		
02	Chatham, Houston, Bibb, Richmond, Muscogee		
03	Whitfield, Floyd, Troup, Coweta, Hall, Spalding, Clarke, Baldwin, Laurens, Bulloch, Ware, Glynn, Lowndes, Dougherty, Catoosa, Thomas, Walker		
04	Lumpkin Union Towns White Rabun Banks Oconee Oglethorpe Lincoln Taliaferro Jasper Putnam Hancock Glascok Warren Chattooga Gordon Murray Bartow Fannin Tallnall Appling Decatur Early Mitchell Wilkinson Twiggs Johnson Jeff Davis Charlton Turner	Habersham Stephens Franklin Hart Jackson Madison Elbert Barrow Dodge Randolph Terrell Crisp Sumter Dooly Macon Peach Harris Merriwether Lamar Monroe Liberty Wayne Colquitt Cook Berrien Jenkins Treutlen Candler Bacon Brantley Loe	Upson Chattahoochee Polk Haralson Carroll Seminole Miller Baker Atkinson Lanier Climch Echols Calhoun Clay Quitman Stewart Webster Schley Marion Taylor Long Brooks Worth Tift Coffee Bleckley Palaski Wheeler McIntosh Pierce Wilcox
			Talbot Crawford Pike Heard Pikens Gilmer Dade Dawson Newton Morgan Greene Wilkes McDuffie Columbia Washington Jefferson Burke Emanuel Screvin Ettingham Toombs Grady Ben Hill Tel Fair Jones Montgomery Evans Bryan Camden Irwin

ILLINOIS

Sixteen Localities:

Blue Cross/Blue Shield - Illinois Medical Service

Cook County

Continental Casualty - Illinois

- 01- Jo Daviess, Stephenson, Carroll, Ogle Counties
- 02- Winnebago, Mellenry
- 03- Whiteside, Lee, DeKalb, Kendall, LaSalle, Bureau, Grundy,
Putnam Counties
- 04- Rock Island, Henry, Stark, Knox, Mercer, Warren & Henderson
Counties
- 05- Peoria, Woodford & Marshall Counties
- 06- Kankakee, Iroquois, Ford & Livingston Counties
- 07- Hancock, McDonough, Schuyler, Brown, Cass, Morgan, Greene,
Pike, Adams & Scott Counties
- 08- McLean, DeWitt, Logan, Tazewell, Mason & Fulton Counties
- 09- Menard, Sangamon & Christian Counties
- 10- Vermillion, Champaign & Piatt Counties
- 11- Edgar, Douglas, Moultrie, Macon, Shelby, Cumberland, Coles
& Clark Counties
- 12- Calhoun, Jersey, Macoupin, Montgomery, Bond, Madison, Clinton,
Washington, St. Clair, Randolph & Monroe Counties
- 13- Crawford, Jasper, Effingham, Fayette, Marion, Clay,
Richland, Lawrence, Wabash, Wayne, White, Hamilton,
Jefferson, Edwards Counties
- 14- Callatin, Saline, Franklin, Perry, Jackson, Williamson,
Hardin, Pope, Johnson, Union, Alexander, Pulaski, Massac Counties
- 15- Lake, Kane, DuPage & Will Counties

INDIANA

Three Localities:

- 01 - Metropolitan-
Lake, Porter, LaPorte (Northwest Indiana)
Allen (Ft. Wayne)
Marion (Indianapolis), Shelby
Madison, Delaware (Anderson, Muncie)
Vanderburgh (Evansville)
- 02 - Urban-
Monroe, Grant, Tippecanoe, St. Joseph(South Bend), Clark,
Wayne, Wells, Floyd, Vigo(Terre Haute), Elkhart, Howard,
Cass, Henry, Lawrence, Kosciusko, Bartholomew, Hancock,
Hendricks, Johnson, Knox, LaGrange, Daviess
- 03 - Rural- Remaining Counties

MASSACHUSETTS

Two Localities: 01 Urban, 02 Suburban/Rural

AREA 01 - Urban - Included the following places

BOSTON SMSA
(Essex County)
Dorchester

Lynn

Peabody

Salem

Danvers

Haverhill

Lynnfield

Haverhill

Middleton

Malden

Saugus

Swampscott

Topsfield

Wenham

(Middlesex County)
Cambridge

Everett

Halden

Hedford

Melrose

Newton

Somerville

Waltham

Woburn

Arlington

Ashland

Bedford

Belmont

Burlington

Concord

Framingham

Lexington

Lincoln

Malden

North Reading

Reading

Shelburne

Stoneham

Sudbury

Wakefield

Watertown

Weyland

Weston

Wilmington

Winchester

(Norfolk County)
Quincy

Dorchester

Brookline

Canton

Cohasset

Dedham

Dorchester

Hingham

Mattapan

Norfolk

Norwood

Randolph

Sharon

Walpole

Wellesley

Westwood

Weymouth

(Plymouth County)
Duxbury

Haverhill

Hingham

Hull

Marshfield

Norwell

Pembroke

Rockland

Scituate

Boston SMSA (cont.)

(Suffolk County)

Boston

Chelsea

Revere

Winthrop

BROCKTON SMSA

(Worcester County)

Easton

(Norfolk County)

Avon

Stoughton

(Plymouth County)

Brockton

Arlington

Bridgewater

East Bridgewater

Hanson

West Bridgewater

Whitman

WORCESTER SMSA

(Worcester County)

Worcester

Auburn

Berlin

Boylston

Brookfield

East Brookfield

Grafton

Holden

Leicester

Hillbury

Northborough

Northbridge

North Brookfield

Oxford

Paxton

Shrewsbury

Spencer

Sterling

Sutton

Upton

Westborough

SPRINGFIELD-CHICOPEE-
HOUSATON SMSA

Mass. portion

(Hampden County)

Chicopee

Holyoke

Springfield

Westfield

Agawam

East Longmeadow

Hampden

Longmeadow

Ludlow

Monson

Palmer

Southwick

West Springfield

Wilbraham

(Hampshire County)

Northampton

Easthampton

Granby

Hadley

South Hadley

(Worcester County)

Warren

PITTSFIELD SMSA

(Berkshire County)

Pittsfield

Dalton

Lanesborough

Lee

Lenox

MASSACHUSETTS (Cont'd)

AREA 02 - Suburban/Rural - includes the following places in

SIMSA's and the remainder of the State.

<u>FALL RIVER, MASS., R.I.</u> <u>SMSA</u>	Westford	(Herk County)
Mass. portion (Bristol County)	<u>New Bedford, Mass.</u> <u>SMSA</u>	Bellingham
Fall River	(Bristol County)	Franklin
Somerset	New Bedford	Plainville
Swansea	Acushnet	Wrentham
Westport	Dartmouth	(Korcester County)
<u>LAURENCE-HAVERHILL, MASS.</u> <u>R.I. SMSA</u>	Fairhaven	Blackstone
Mass. portion (Essex County)	(Plymouth County)	Millville
Lawrence	Marion	
Haverhill	Mattapoisett	
Andover	<u>FITCHBURG-LEOMINSTER SMSA</u>	
Georgetown	(Middlesex County)	
Groveland	Shirley	
Herrinac	Townsend	
Methuen	(Worcester County)	
North Andover	Fitchburg	
West Newbury	Leominster	
<u>LOWELL, MASS. SMSA</u>	Lunenburg	
(Middlesex County)	Westminster	
Lowell	<u>PROVIDENCE-PATRIOT- TAMMUNTON, R.I. SMSA</u>	
Billerica	Mass. portion (Bristol County)	
Chelmsford	Attleboro	
Draught	North Attleborough	
Tewksbury	Rehoboth	
Tyngsborough	Seekonk	

Two Localities:

01- Rural - All ZIP Codes starting with 386, 387, 388, 389, 390, 391, 393, 394, 396, 397 (except 38801, 39301, 39401) and the

following 395 ZIP Codes:

39550-Bond	39561-McHenry
39552-Escatawpa	39572-Pearlington
39553-Gautier	39573-Perkinston
39555-Hurley	39574-Saucier
39556-Kiln	39575-Wade
39558-Lakeshore	39577-Wiggins

02- Metropolitan - All ZIP Codes starting with 392 and 395 (except as noted in area 01 above) and the following:

392__	Jackson
395__	Biloxi
38801	Tupelo
39301	Meridian
39401	Hattiesburg

MISSOURI

Seven Localities:

General American Life

- 01 - Cities of Columbia, Jefferson City, Springfield, Metropolitan St. Louis, St. Louis County and St. Charles County
- 02 - Cities of Joplin, Cape Girardeau, Kirksville, Poplar Bluff, Hannibal, Sikeston and Jefferson County (City Limits boundaries except Jefferson County)
- 03 - Rural - rest of State except Blue Shield of Kansas City area

Blue Shield of Kansas City - Missouri

- I - Buchanan County (rural)
- II - Clay and Platte Counties (suburban)
- III - Jackson County (metropolitan)
- VI - Rural - Andress, Atchison, Bates, Benton, Caldwell, Carroll, Cass, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, St. Clair, Saline, Vernon, Worth



Texas

Thirty-two Localities:

Counties --(Cities)

014 - Bell (Killeen-Ft. Hood)	212 - Smith (Tyler)
015 - Bexar (San Antonio)	220 - Tarrant (Fort Worth)
019 - Bowie (Texarkana)	221 - Taylor (Abilene)
020 - Brazoria (Freeport)	226 - Tom Green (San Angelo)
031 - Cameron (Brownsville)	227 - Travis (Austin)
057 - Dallas (Dallas)	235 - Victoria (Victoria)
061 - Denton (Denton)	240 - Webb (Laredo)
068 - Ector (Odessa)	243 - Wichita (Wichita Falls)
071 - El Paso (El Paso)	750 - North Central, North East Texas
084 - Galveston (Galveston)	770 - Central, South, Southeast Texas
091 - Grayson (Sherman)	790 - Panhandle and West Texas
092 - Gregg (Longview)	
101 - Harris (Houston)	
108 - Hidalgo (Pharr-McAllen)	(The localities are determined on a County basis. The cities listed are major cities in the locality.)
123 - Jefferson (Beaumont)	
152 - Lubbock (Lubbock)	(Area 260 is the Statewide locality for certain specialties.)
155 - McLennan (Waco)	
165 - Midland (Midland)	
178 - Nueces (Corpus Christi)	
181 - Orange (Orange)	
188 - Potter (Amarillo)	

- 750 - Morris, Montague, Cooke, Fannin, Lamar, Red River, Collin, Hunt, Delta, Titus, Camp, Cass, Trinity, Marion, Harrison, Panola, Rusk, Wood, Hopkins, Rains, Kaufman, Van Zandt, Parker, Ellis, Johnson, Hood, Jack, Rockwall, Coryello, Comanche, Wise, Somervell, Erath, Hill, Bogue, Hamilton, Freestone, Limestone, Anderson, Navarro, Leon, Upshur, Houston, Madison, Franklin, Cherokee, Falls, and Young Counties.
- 770 - Shelby, Sabire, Angelini, Newton, Jasper, Tyler, Polk, Macgouches, San Augustine, Walker, San Jacinto, Hardin, Chambers, Grimes, Montgomery, Robertson, Brazos, Burleson, Washington, Lee, Williamson, Mills, Lampasas, Burnet, Henderson, Aransas, San Saba, Austin, Colorado, Wharton, Gillespie, Blanco, Kendall, Kerr, Real, Hays, Caldwell, Fayette, Matagorda, Calhoun, Refugio, Lavaca, Gonzales, San Patricio, Kleberg, Waller, Kennedy, Willacy, Jim Wells, Duval, Brooks, Zapata, Starr, Jim Hogg, La Salle, Dimmitt, McMullen, Live Oak, Bee, Karnes, Wilson, Atascosa, Frio, Zavala, Uvalde, Medina, Comal, Fort Bend, De Witt, Goliad, Bandera, Guadalupe, Jackson, Liberty, Milam, Llano, Bastrop Counties.
- 790 - Dallam, Sherman, Hansford, Ochiltree, Hartley, Moore, Hutchinson, Hemphill, Carson, Gray, Wheeler, Deaf Smith, Randall, Armstrongs, Donley, Farmer, Castro, Swisher, Briscoe, Hall, Childress, Shackelford, Bailey, Lamb, Hale, Floyd, Motley, Cottle, Foard, Wilbarger, Clay, Archer, Baylor, Knox, Dickens, Crosby, Hockley, Cochran, Yoakum, Terry, Lynn, Carza, Kent, Stonewall, Haskell, Gaines, Dawson, Borden, Schurry, Fisher, Jones, King, Winkler, Ward, Upton, Throckmorton, Runnels, Collingsworth, Brewster, Hardeman, Irion, Lipscomb, Menard, Oldham, Stephens, Palo Pinto, Andrews, Martin, Howard, Mitchell, Nolan, Callahan, Eastland, Hudspeth, Culberson, Reeves, Loving, Glasscock, Sterling, Coke, Coleman, Brown, Crane, Roberts, Regan, Concho, McCulloch, Sutton, Mason, Schleicher, Crockett, Pecos, Jeff Davis, Presidio, Terrell, Val Verde, Kinble, Edwards, Kinney, and Maverick Counties.

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Iron
Polk
Price
Rusk
Sawyer
Taylor
Washburn

C
Adams
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Green Lake
Juneau
Marquette
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F
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Marathon
Oneida
Portage
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